

ORD INFORMATION  
RESOURCE CENTER, HCFA

# MEDICARE / MEDICAID NURSING HOME INFORMATION

NORTH CAROLINA

87/88



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION







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# **MEDICARE/MEDICAID NURSING HOME INFORMATION**

**1987-1988**

## **NORTH CAROLINA**

**Otis R. Bowen, M.D.**

**Secretary**

**U.S. Department of Health & Human Services**

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**Administrator**

**Health Care Financing Administration**



The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.



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William L. Roper, M.D.

Administrator









## INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.  
Administrator



# USES AND LIMITATIONS

## Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.



## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.



## DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.



## **SOURCES OF INFORMATION**

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

### **Public and General Sources**

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

### **State Government**

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



North Carolina Department of Human Resources  
Division of Facility Services

701 Barbour Drive • Raleigh, N. C. 27603-2008

James G. Martin, Governor  
David T. Flaherty, Secretary

I. O. Wilkerson, Jr., Director  
Telephone 919/733-2786

NORTH CAROLINA  
State Licensure, Enforcement  
and Consumer Services

Overview of Nursing Home Licensure Program: Nursing home beds in North Carolina are controlled by certificate of need as well as by licensure laws. There are some 250 facilities in the State and 15-20 more are in various stages of construction. The licensure program is administered by the Licensure Section, Division of Facility Services, Department of Human Resources. The Secretary of the Department of Human Resources is a cabinet-level officer appointed by the Governor with statutory authority to license, monitor, regulate and sanction health care facilities as necessary.

The primary purpose of the nursing home licensure program is to protect the health, safety and welfare of the patients in the licensed facilities. The program is conducted from offices in Raleigh, the State Capitol, and is administered through teams of consultants constantly visiting and inspecting the nursing homes on an unannounced basis. Permanent records are maintained on all facilities and are available for public review upon request.

Overview of Enforcement System: Each nursing home in the State is inspected annually to determine compliance with laws, rules and regulations. Those that do not meet standards receive more frequent inspections by consultants assigned to the Licensure Section. Standards deficiencies identified during inspections that relate directly to the health, safety or welfare of patients are dealt with as patients' rights violations. Such violations may result in various sanctions being assessed against facilities such as monetary fines, suspension of admissions, issuance or provisional licenses and, in the more serious cases, revocation of a facilities license to operate. The State regulatory agency works closely with facility operators in an effort to insure the highest quality of care for all patients. A complaints investigation unit, staffed by registered nurses, is a part of the oversight program operated by the State to deal with reported cases of standards deficiencies and inadequate patient care. Every complaint received is investigated and substantiated deficiencies are dealt with swiftly and with the specific purpose of effecting immediate correction of any problems identified.



Resources Available to Consumers:

Survey & Licensure Agency:	Licensure Section Division of Facility Services 701 Barbour Drive Raleigh, North Carolina 27603 Telephone: 919/733-2786
State Health Department:	Division of Health Services Cooper Memorial Building 225 N. McDowell Street Raleigh, North Carolina 27602 Telephone: 919/733-3446
Ombudsman Program:	State Ombudsman Division of Aging 1985 Umstead Drive Raleigh, North Carolina 27603 Telephone: 919/733-3983
Complaint Unit/"Hot Line":	Licensure Section Division of Facility Services 701 Barbour Drive Raleigh, North Carolina 27603 Telephone: 1-800/662-7030
Medicaid Fraud and Abuse Unit:	Division of Medical Assistance 1985 Umstead Drive Raleigh, North Carolina 27603 Telephone: 919/733-2060
Source for Nursing Home Survey Results:	Licensure Section Division of Facility Services 701 Barbour Drive Raleigh, North Carolina 27603 919/733-2786
State Office on Aging:	Division of Aging 1985 Umstead Drive Raleigh, North Carolina 27603 Telephone: 919/733-3983
Other Related Programs:	Peer Review Program Health Care Facilities Association 5109 Bur Oak Circle Raleigh, North Carolina 27612 Telephone: 919/782-3827



## **Federal Government**

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### **Office of the Inspector General (OIG)**

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### **Administration on Aging (AoA)**

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.



## AoA Regional Offices

Regional Program Director, AoA  
DHHS Region I  
Room 2011  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1158

Regional Program Director, AoA  
DHHS Region III  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-0334

Regional Program Director, AoA  
DHHS Region V  
13th Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-3141

Regional Program Director, AoA  
DHHS Region VII  
Room 384  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-2955

Regional Program Director, AoA  
DHHS Region IX  
Room 480  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-6003

Regional Program Director, AoA  
DHHS Region II  
Room 4149  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3472

Regional Program Director, AoA  
DHHS Region IV  
Suite 903  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-5900

Regional Program Director, AoA  
DHHS Region VI  
Room 1000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-2971

Regional Program Director, AoA  
DHHS Region VIII  
Room 1185  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2951

Regional Program Director, AoA  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-5341

## **Office for Civil Rights (OCR)**

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

### **OCR Regional Offices**

Director, OCR  
DHHS Region I  
Room 2403  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1340

Director, OCR  
DHHS Region III  
Room 6300  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-1262

Director, OCR  
DHHS Region V  
33rd Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-2520

Director, OCR  
DHHS Region VII  
Room 248  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-7277

Director, OCR  
DHHS Region IX  
Room 322  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-8586

Director, OCR  
DHHS Region II  
Room 3312  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3313

Director, OCR  
DHHS Region IV  
Room 1502  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2779

Director, OCR  
DHHS Region VI  
Room 1360  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-4056

Director, OCR  
DHHS Region VIII  
Room 844  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2024

Director, OCR  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0473



## **Health Care Financing Administration (HCFA)**

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

### **HCFA Regional Offices**

Associate Regional Administrator  
DHHS Region I, HCFA  
Division of Health Standards and Quality  
Room 1309  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1331

Associate Regional Administrator  
DHHS Region III, HCFA  
Division of Health Standards and Quality  
3535 Market Street  
P.O. Box 7760  
Philadelphia, PA 19101  
(215) 596-0997

Associate Regional Administrator  
DHHS Region V, HCFA  
Division of Health Standards and Quality  
Room 941  
175 West Jackson Boulevard  
Chicago, IL 60604  
(312) 353-9804

Associate Regional Administrator  
DHHS Region VII, HCFA  
Division of Health Standards and Quality  
Room 284  
601 East 12th Street  
Kansas City, MO 64106  
(816) 374-2408

Associate Regional Administrator  
DHHS Region IX, HCFA  
Division of Health Standards and Quality  
100 Van Ness Avenue  
San Francisco, CA 94102  
(415) 556-0041

Associate Regional Administrator  
DHHS Region II, HCFA  
Division of Health Standards and Quality  
Room 3821  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3219

Associate Regional Administrator  
DHHS Region IV, HCFA  
Division of Health Standards and Quality  
Suite 601  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2488

Associate Regional Administrator  
DHHS Region VI, HCFA  
Division of Health Standards and Quality  
Room 2000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-6301

Associate Regional Administrator  
DHHS Region VIII, HCFA  
Division of Health Standards and Quality  
Room 1194  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-4721

Associate Regional Administrator  
DHHS Region X, HCFA  
Division of Health Standards and Quality  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,  
New Hampshire, Rhode Island, and  
Vermont

Region III/Philadelphia

Delaware, District of Columbia,  
Maryland, Pennsylvania, Virginia,  
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,  
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and  
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,  
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,  
Puerto Rico, and  
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,  
Kentucky, Mississippi,  
North Carolina, South Carolina,  
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,  
New Mexico, Oklahoma, and  
Texas

Region VIII/Denver

Colorado, Montana,  
North Dakota, South Dakota,  
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,  
and Washington



## FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

### General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

## **Physical Environment**

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

## **Medical and Nursing Services**

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

## **Food**

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?



## **Social Services and Activities**

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

# GLOSSARY OF TERMS

## **Resident Characteristics and Facility Performance Indicators**

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

**Catheter.** See **Urinary Catheter.**

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.



**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.

## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

### EXAMPLE

## NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

**Name:** Self-explanatory  
**Street Address:** Self-explanatory  
**City and State:** Self-explanatory

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

**Skilled Nursing Facility (SNF)**—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

**Intermediate Care Facility (ICF)**—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

**Non-profit-religious**—A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

**Non-profit-private**—A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

**Non-profit-other**—A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

**Proprietary**—A nursing home operated for profit.

**Government**—A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.



## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:				
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.			FACILITY		STATE	NATION
			#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.			78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1—Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2—Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3—State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4—Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

### SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

**Column 1—Facility Met/Not Met:** Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

**Column 2—State, #:** Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

**Column 3—State, %:** Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

**Column 4—Nation, #:** Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

**Column 5—Nation, %:** Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.



## NURSING HOME PROFILE GUARDIAN CARE OF AHOSKIE

<b>Street Address:</b>		<b>City and State:</b>	
604 STOKES ST EAST		AHOSKIE NC 27910	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	131	PROPRIETARY	02/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
131	0	83

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	127	96.9	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	119	90.8	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	67.2	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	97.7	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	81	61.8	64.6	59.1
Residents on individually written bowel and bladder retraining program.	2	1.5	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	30.5	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	69	52.7	50.7	39.1
<b>Residents requiring restraints.</b>	62	47.3	41.5	31.7
<b>Confused or disoriented residents.</b>	90	68.7	57.2	55.8
<b>Residents with bed sores.</b>	3	2.3	3.9	4.7
<b>Residents receiving special skin care.</b>	80	61.1	27.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OF PIEDMONT

<b>Street Address:</b> 33426 OLD SALISBURY RD BOX 1250		<b>City and State:</b> ALBEMARLE NC 28002	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/12/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
119	0	86			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		94	79.0	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		99	83.2	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		88	73.9	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		88	73.9	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		56	47.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.		4	3.4	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		48	40.3	49.6	37.7
<b>Completely bedfast residents.</b>		3	2.5	4.5	3.4
<b>Residents confined to chairs.</b>		85	71.4	65.6	50.8
<b>Residents requiring restraints.</b>		67	56.3	55.4	41.3
<b>Confused or disoriented residents.</b>		48	40.3	67.0	58.4
<b>Residents with bed sores.</b>		6	5.0	9.0	7.1
<b>Residents receiving special skin care.</b>		44	37.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%

MET	16	7.8	1123	11.9
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Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

NOT MET	33	16.1	2045	21.6
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Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

MET	42	20.5	1662	17.6
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Drugs are administered according to the written orders of the attending physician.

MET	54	26.3	2739	29.0
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Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

MET	13	6.3	1389	14.7
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Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

MET	6	2.9	587	6.2
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Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

MET	13	6.3	816	8.6
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An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

MET	17	8.3	1099	11.6
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Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

MET	6	2.9	1270	13.4
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Toilet and bath facilities are clean, sanitary, and free of odors.

MET	8	3.9	1216	12.9
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All common resident areas are clean, sanitary and free of odors.

MET	12	5.9	1041	11.0
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All essential mechanical and electrical equipment is maintained in safe operating condition.

MET	7	3.4	1413	14.9
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Resident care equipment is clean and maintained in safe operating condition.

MET	4	2.0	1408	14.9
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Isolation techniques to prevent the spread of infection are followed by all personnel.

MET	23	11.2	2340	24.7
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The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

MET	0	0.0	700	7.4
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Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

NOT MET	40	19.5	4050	42.8
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**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LUTHERAN NURSING HOMES ALBEMARLE

<b>Street Address:</b> RT 1 BOX 204		<b>City and State:</b> ALBEMARLE NC 28001	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 64	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 06/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 64	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 32		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	95.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	96.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	82.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	84.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	79.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	34.4	49.6	37.7
<b>Completely bedfast residents.</b>	3	4.7	4.5	3.4
<b>Residents confined to chairs.</b>	31	48.4	65.6	50.8
<b>Residents requiring restraints.</b>	37	57.8	55.4	41.3
<b>Confused or disoriented residents.</b>	49	76.6	67.0	58.4
<b>Residents with bed sores.</b>	4	6.3	9.0	7.1
<b>Residents receiving special skin care.</b>	18	28.1	40.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRIAN CENTER OF ASHEBORO

<b>Street Address:</b>		<b>City and State:</b>	
230 E PRESNELL ST BOX 1928		ASHEBORO NC 27203	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	238	PROPRIETARY	10/29/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
231	1	192	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	198	85.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	193	83.5	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	182	78.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	188	81.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	127	55.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	5	2.2	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	101	43.7	49.6	37.7
<b>Completely bedfast residents.</b>	6	2.6	4.5	3.4
<b>Residents confined to chairs.</b>	96	41.6	65.6	50.8
<b>Residents requiring restraints.</b>	108	46.8	55.4	41.3
<b>Confused or disoriented residents.</b>	115	49.8	67.0	58.4
<b>Residents with bed sores.</b>	22	9.5	9.0	7.1
<b>Residents receiving special skin care.</b>	103	44.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CLAPPS CONVALESCENT NH

<b>Street Address:</b> RT 10 BOX 357		<b>City and State:</b> ASHEBORO NC 27203	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 26	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 26	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	25	96.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	100	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	96.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	61.5	49.6	37.7
<b>Completely bedfast residents.</b>	2	7.7	4.5	3.4
<b>Residents confined to chairs.</b>	16	61.5	65.6	50.8
<b>Residents requiring restraints.</b>	25	96.2	55.4	41.3
<b>Confused or disoriented residents.</b>	23	88.5	67.0	58.4
<b>Residents with bed sores.</b>	1	3.8	9.0	7.1
<b>Residents receiving special skin care.</b>	3	11.5	40.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ASTON PARK HEALTH CARE CENTER INC

<b>Street Address:</b> 380 BREVARD RD		<b>City and State:</b> ASHEVILLE NC 28806	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 05/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 116	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 67
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	69.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	107	92.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	81.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	80.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	85	73.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	40.5	49.6	37.7
<b>Completely bedfast residents.</b>	4	3.4	4.5	3.4
<b>Residents confined to chairs.</b>	66	56.9	65.6	50.8
<b>Residents requiring restraints.</b>	38	32.8	55.4	41.3
<b>Confused or disoriented residents.</b>	73	62.9	67.0	58.4
<b>Residents with bed sores.</b>	3	2.6	9.0	7.1
<b>Residents receiving special skin care.</b>	18	15.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BILTMORE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
14 ALL SOULS CRESCENT		ASHEVILLE NC 28803	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	79	PROPRIETARY	05/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
77	0	75		

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	70	90.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	93.5	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	88.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	96.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	50.6	49.6	37.7
<b>Completely bedfast residents.</b>	4	5.2	4.5	3.4
<b>Residents confined to chairs.</b>	63	81.8	65.6	50.8
<b>Residents requiring restraints.</b>	59	76.6	55.4	41.3
<b>Confused or disoriented residents.</b>	35	45.5	67.0	58.4
<b>Residents with bed sores.</b>	6	7.8	9.0	7.1
<b>Residents receiving special skin care.</b>	17	22.1	40.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BILTMORE MANOR RETIREMENT CENTER

<b>Street Address:</b> 141 HILLSIDE ST		<b>City and State:</b> ASHEVILLE NC 28801	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 18	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 18	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 17
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	18	100	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	17	94.4	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	17	94.4	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	88.9	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	18	100	64.6	59.1
Residents on individually written bowel and bladder retraining program.	10	55.6	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	44.4	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	10	55.6	50.7	39.1
<b>Residents requiring restraints.</b>	3	16.7	41.5	31.7
<b>Confused or disoriented residents.</b>	15	83.3	57.2	55.8
<b>Residents with bed sores.</b>	2	11.1	3.9	4.7
<b>Residents receiving special skin care.</b>	4	22.2	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BRENTWOOD HILLS NURSING CENTER

<b>Street Address:</b>  500 BEAVERDAM RD BOX 8365		<b>City and State:</b>  ASHEVILLE NC 28805	
<b>Participation:</b>  MEDICARE/MEDICAID SNF	<b># of Beds:</b>  77	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  12/31/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  76	<b>Medicare Residents:</b>  2	<b>Medicaid Residents:</b>  47
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	97.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	98.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	93.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	93.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	93.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	72.4	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.3	4.5	3.4
<b>Residents confined to chairs.</b>	59	77.6	65.6	50.8
<b>Residents requiring restraints.</b>	38	50.0	55.4	41.3
<b>Confused or disoriented residents.</b>	56	73.7	67.0	58.4
<b>Residents with bed sores.</b>	18	23.7	9.0	7.1
<b>Residents receiving special skin care.</b>	30	39.5	40.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRIAN CENTER OF HEALTH & RETIREMENT

<b>Street Address:</b>		<b>City and State:</b>	
67 MOUNTAINBROOK ROAD		ASHEVILLE NC 28805	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	01/27/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
54	0	47	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	28	51.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	43	79.6	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	92.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	94.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	70.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	79.6	49.6	37.7
<b>Completely bedfast residents.</b>	3	5.6	4.5	3.4
<b>Residents confined to chairs.</b>	36	66.7	65.6	50.8
<b>Residents requiring restraints.</b>	32	59.3	55.4	41.3
<b>Confused or disoriented residents.</b>	33	61.1	67.0	58.4
<b>Residents with bed sores.</b>	10	18.5	9.0	7.1
<b>Residents receiving special skin care.</b>	11	20.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HILLHAVEN REHAB & CONVALESCENT CTR

<b>Street Address:</b>		<b>City and State:</b>	
91 VICTORIA RD		ASHEVILLE NC 28801	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/27/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
114	5	79

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	82.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	84.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	77.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	80.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	91	79.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	32.5	49.6	37.7
<b>Completely bedfast residents.</b>	2	1.8	4.5	3.4
<b>Residents confined to chairs.</b>	92	80.7	65.6	50.8
<b>Residents requiring restraints.</b>	84	73.7	55.4	41.3
<b>Confused or disoriented residents.</b>	80	70.2	67.0	58.4
<b>Residents with bed sores.</b>	9	7.9	9.0	7.1
<b>Residents receiving special skin care.</b>	51	44.7	40.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST JOSEPH'S HOSP RESTORATIVE CARE UNIT

<b>Street Address:</b> 428 BILTOMORE AVENUE		<b>City and State:</b> ASHEVILLE NC 28801	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 30	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 01/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 12	<b>Medicare Residents:</b> 10	<b>Medicaid Residents:</b> 1
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	7	58.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	12	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	11	91.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	2	16.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	8.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	49.6	37.7
<b>Completely bedfast residents.</b>	1	8.3	4.5	3.4
<b>Residents confined to chairs.</b>	0	0.0	65.6	50.8
<b>Residents requiring restraints.</b>	1	8.3	55.4	41.3
<b>Confused or disoriented residents.</b>	2	16.7	67.0	58.4
<b>Residents with bed sores.</b>	0	0.0	9.0	7.1
<b>Residents receiving special skin care.</b>	1	8.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	4	2.0	201	2.1
MET	0	0.0	518	5.5
MET	0	0.0	168	1.8
MET	5	2.4	806	8.5
MET	13	6.3	1618	17.1
MET	0	0.0	36	0.4
MET	0	0.0	205	2.2
MET	0	0.0	30	0.3
NOT MET	7	3.4	145	1.5
MET	0	0.0	49	0.5
MET	9	4.4	508	5.4
MET	52	25.4	2816	29.8
MET	46	22.4	1733	18.3
MET	22	10.7	1052	11.1
MET	10	4.9	1512	16.0
MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VICTORIA HEALTH CARE CENTER

<b>Street Address:</b> 455 VICTORIA ROAD		<b>City and State:</b> ASHEVILLE NC 28801	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 119	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 88
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b> Residents requiring some or total assistance in bathing.	119	100	87.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	113	95.0	91.4	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	111	93.3	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	93.3	85.5	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	108	90.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	53	44.5	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	104	87.4	65.6	50.8
<b>Residents requiring restraints.</b>	90	75.6	55.4	41.3
<b>Confused or disoriented residents.</b>	112	94.1	67.0	58.4
<b>Residents with bed sores.</b>	13	10.9	9.0	7.1
<b>Residents receiving special skin care.</b>	119	100	40.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6



## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HERITAGE MANOR OF BANNER ELK

<b>Street Address:</b> NORWOOD HOLLOW RD BOX 187		<b>City and State:</b> BANNER ELK NC 28604	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/18/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 113	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 103	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	106	93.8	87.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	103	91.2	91.4	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	90	79.6	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	77.9	85.5	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	87	77.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	46	40.7	49.6	37.7
<b>Completely bedfast residents.</b>	2	1.8	4.5	3.4
<b>Residents confined to chairs.</b>	89	78.8	65.6	50.8
<b>Residents requiring restraints.</b>	72	63.7	55.4	41.3
<b>Confused or disoriented residents.</b>	89	78.8	67.0	58.4
<b>Residents with bed sores.</b>	6	5.3	9.0	7.1
<b>Residents receiving special skin care.</b>	31	27.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE AUTUMN CARE OF BISCOE

<b>Street Address:</b>		<b>City and State:</b>	
LAMBERT RD BOX 708		BISCOE NC 27209	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	57	PROPRIETARY	09/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
56	0	48

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	94.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	94.6	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	85.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	85.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	50	89.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	51.8	49.6	37.7
<b>Completely bedfast residents.</b>	6	10.7	4.5	3.4
<b>Residents confined to chairs.</b>	45	80.4	65.6	50.8
<b>Residents requiring restraints.</b>	32	57.1	55.4	41.3
<b>Confused or disoriented residents.</b>	47	83.9	67.0	58.4
<b>Residents with bed sores.</b>	6	10.7	9.0	7.1
<b>Residents receiving special skin care.</b>	12	21.4	40.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE HIGHLAND FARMS INC**

<b>Street Address:</b>		<b>City and State:</b>	
200 TABERNACLE RD		BLACK MOUNTAIN NC 28711	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	60	PROPRIETARY	05/28/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
58	11	9		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	94.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	89.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	86.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	87.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	89.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	39.7	49.6	37.7
<b>Completely bedfast residents.</b>	3	5.2	4.5	3.4
<b>Residents confined to chairs.</b>	38	65.5	65.6	50.8
<b>Residents requiring restraints.</b>	23	39.7	55.4	41.3
<b>Confused or disoriented residents.</b>	26	44.8	67.0	58.4
<b>Residents with bed sores.</b>	5	8.6	9.0	7.1
<b>Residents receiving special skin care.</b>	58	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BLOWING ROCK HOSP- SNF & ICF

<b>Street Address:</b>		<b>City and State:</b>	
CHESTNUT DR BOX 148		BLOWING ROCK NC 28605	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	72	NON-PROFIT PRIVATE	09/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
72	1	65	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	66	91.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	64	88.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	83.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	84.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	73.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	50.0	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	51	70.8	65.6	50.8
<b>Residents requiring restraints.</b>	29	40.3	55.4	41.3
<b>Confused or disoriented residents.</b>	45	62.5	67.0	58.4
<b>Residents with bed sores.</b>	18	25.0	9.0	7.1
<b>Residents receiving special skin care.</b>	64	88.9	40.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WATAUGA NURSING CARE CENTER

<b>Street Address:</b> 538A ELIZABETH DR BOX 2150		<b>City and State:</b> BOONE NC 28607	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 104	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/28/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 103	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 83	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	101	98.1	87.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	100	97.1	91.4	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	94	91.3	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	93.2	85.5	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	94	91.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.9	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	44	42.7	49.6	37.7
<b>Completely bedfast residents.</b>	2	1.9	4.5	3.4
<b>Residents confined to chairs.</b>	67	65.0	65.6	50.8
<b>Residents requiring restraints.</b>	69	67.0	55.4	41.3
<b>Confused or disoriented residents.</b>	84	81.6	67.0	58.4
<b>Residents with bed sores.</b>	6	5.8	9.0	7.1
<b>Residents receiving special skin care.</b>	49	47.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE

### BRIAN CENTER OF HEALTH & RETIREMENT

<b>Street Address:</b>		<b>City and State:</b>	
531 COUNTRY CLUB RD		BREVARD NC 28712	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	107	PROPRIETARY	02/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
106	0	91

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	91.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	86.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	83.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	85.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	74.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	45.3	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	86	81.1	65.6	50.8
<b>Residents requiring restraints.</b>	63	59.4	55.4	41.3
<b>Confused or disoriented residents.</b>	60	56.6	67.0	58.4
<b>Residents with bed sores.</b>	11	10.4	9.0	7.1
<b>Residents receiving special skin care.</b>	49	46.2	40.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MOUNTAIN VIEW MANOR NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
BUCKNER BRANCH RD DRAWER Y		BRYSON CITY NC 28713	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
117	0	104	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	105	89.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	92.3	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	108	92.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	88.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	88	75.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	70	59.8	49.6	37.7
<b>Completely bedfast residents.</b>	48	41.0	4.5	3.4
<b>Residents confined to chairs.</b>	65	55.6	65.6	50.8
<b>Residents requiring restraints.</b>	77	65.8	55.4	41.3
<b>Confused or disoriented residents.</b>	59	50.4	67.0	58.4
<b>Residents with bed sores.</b>	7	6.0	9.0	7.1
<b>Residents receiving special skin care.</b>	20	17.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GUARDIAN CARE OF BURGAW

<b>Street Address:</b>		<b>City and State:</b>	
HIGHWAY 117 A SOUTH BOX 874		BURGAW NC 28425	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	72	PROPRIETARY	10/21/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
71	0	59	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	63.4	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	50.7	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	76.1	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	78.9	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	60.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	53.5	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	61	85.9	50.7	39.1
<b>Residents requiring restraints.</b>	38	53.5	41.5	31.7
<b>Confused or disoriented residents.</b>	29	40.8	57.2	55.8
<b>Residents with bed sores.</b>	7	9.9	3.9	4.7
<b>Residents receiving special skin care.</b>	30	42.3	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE PENDER MEMORIAL HOSP SNF

<b>Street Address:</b> 507 FREEMONT ST		<b>City and State:</b> BURGAW NC 28425	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 23	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 08/25/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 21	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 21
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	20	95.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	20	95.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	18	85.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	21	100	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	47.6	49.6	37.7
<b>Completely bedfast residents.</b>	2	9.5	4.5	3.4
<b>Residents confined to chairs.</b>	19	90.5	65.6	50.8
<b>Residents requiring restraints.</b>	8	38.1	55.4	41.3
<b>Confused or disoriented residents.</b>	9	42.9	67.0	58.4
<b>Residents with bed sores.</b>	12	57.1	9.0	7.1
<b>Residents receiving special skin care.</b>	21	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ALAMANCE MEMORIAL HOSP INC

<b>Street Address:</b>		<b>City and State:</b>	
730 HERMITAGE RD		BURLINGTON NC 27215	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	83	NON-PROFIT PRIVATE	12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
80	3	67		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	88.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	97.5	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	95.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	95.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	81.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	65	81.3	49.6	37.7
<b>Completely bedfast residents.</b>	5	6.3	4.5	3.4
<b>Residents confined to chairs.</b>	62	77.5	65.6	50.8
<b>Residents requiring restraints.</b>	59	73.7	55.4	41.3
<b>Confused or disoriented residents.</b>	58	72.5	67.0	58.4
<b>Residents with bed sores.</b>	12	15.0	9.0	7.1
<b>Residents receiving special skin care.</b>	35	43.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CENTRAL PIEDMONT NURSING CENTER

<b>Street Address:</b> 323 BALDWIN RD BOX 3427		<b>City and State:</b> BURLINGTON NC 27215	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/12/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 64	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	89.9	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	87	87.9	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	81.8	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	81.8	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	69.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	56	56.6	33.4	29.3
<b>Completely bedfast residents.</b>	11	11.1	2.5	3.6
<b>Residents confined to chairs.</b>	47	47.5	50.7	39.1
<b>Residents requiring restraints.</b>	53	53.5	41.5	31.7
<b>Confused or disoriented residents.</b>	61	61.6	57.2	55.8
<b>Residents with bed sores.</b>	2	2.0	3.9	4.7
<b>Residents receiving special skin care.</b>	26	26.3	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TWIN LAKES CENTER

<b>Street Address:</b>		<b>City and State:</b>	
100 WADE COBLE DRIVE		BURLINGTON NC 27215	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	73	NON-PROFIT RELIGIOUS	04/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
73	0	25

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	70	95.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	70	95.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	93.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	89.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	93.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	71.2	49.6	37.7
<b>Completely bedfast residents.</b>	7	9.6	4.5	3.4
<b>Residents confined to chairs.</b>	54	74.0	65.6	50.8
<b>Residents requiring restraints.</b>	48	65.8	55.4	41.3
<b>Confused or disoriented residents.</b>	33	45.2	67.0	58.4
<b>Residents with bed sores.</b>	8	11.0	9.0	7.1
<b>Residents receiving special skin care.</b>	73	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JOHN UMSTEAD HOSPITAL ICF

<b>Street Address:</b>		<b>City and State:</b>	
12TH ST		BUTNER NC 27509	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	32	STATE GOVERNMENT	09/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
32	0	32		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	25	78.1	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	87.5	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	75.0	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	100	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	78.1	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	18.8	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	0	0.0	50.7	39.1
<b>Residents requiring restraints.</b>	0	0.0	41.5	31.7
<b>Confused or disoriented residents.</b>	32	100	57.2	55.8
<b>Residents with bed sores.</b>	0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>	6	18.8	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PISGAH MANOR INC

<b>Street Address:</b>		<b>City and State:</b>	
HOLCOMBE COVE RD BOX 215		CANDLER NC 28715	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	118	NON-PROFIT RELIGIOUS	06/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
116	0	83		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	84.5	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	105	90.5	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	75.9	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	83.6	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	83	71.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.	2	1.7	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	38.8	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	30	25.9	50.7	39.1
<b>Residents requiring restraints.</b>	64	55.2	41.5	31.7
<b>Confused or disoriented residents.</b>	79	68.1	57.2	55.8
<b>Residents with bed sores.</b>	4	3.4	3.9	4.7
<b>Residents receiving special skin care.</b>	10	8.6	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CANTON HEALTH CARE CENTER

<b>Street Address:</b> 27 N MAIN ST		<b>City and State:</b> CANTON NC 28716	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 114	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 100	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 84	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	93	93.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	92.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	84.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	88.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	90.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	5	5.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	71	71.0	49.6	37.7
<b>Completely bedfast residents.</b>	12	12.0	4.5	3.4
<b>Residents confined to chairs.</b>	6	6.0	65.6	50.8
<b>Residents requiring restraints.</b>	49	49.0	55.4	41.3
<b>Confused or disoriented residents.</b>	85	85.0	67.0	58.4
<b>Residents with bed sores.</b>	9	9.0	9.0	7.1
<b>Residents receiving special skin care.</b>	11	11.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF CHAPEL HILL

<b>Street Address:</b>		<b>City and State:</b>	
1716 LEGION RD		CHAPEL HILL NC 27514	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	58	PROPRIETARY	11/10/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
56	0	53	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	89.3	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	89.3	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	71.4	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	80.4	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	64.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	10.7	33.4	29.3
<b>Completely bedfast residents.</b>	2	3.6	2.5	3.6
<b>Residents confined to chairs.</b>	20	35.7	50.7	39.1
<b>Residents requiring restraints.</b>	12	21.4	41.5	31.7
<b>Confused or disoriented residents.</b>	32	57.1	57.2	55.8
<b>Residents with bed sores.</b>	3	5.4	3.9	4.7
<b>Residents receiving special skin care.</b>	5	8.9	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CAROL WOODS

<b>Street Address:</b>		<b>City and State:</b>	
750 WEAVER DAIRY RD		CHAPEL HILL NC 27514	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	30	NON-PROFIT PRIVATE	03/31/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
27	0	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	23	85.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	27	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	85.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	74.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	18	66.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	63.0	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	17	63.0	65.6	50.8
<b>Residents requiring restraints.</b>	10	37.0	55.4	41.3
<b>Confused or disoriented residents.</b>	17	63.0	67.0	58.4
<b>Residents with bed sores.</b>	0	0.0	9.0	7.1
<b>Residents receiving special skin care.</b>	3	11.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLHAVEN CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1602 E FRANKLIN ST		CHAPEL HILL NC 27514	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
114	0	66		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	103	90.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	107	93.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	82.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	79.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	93	81.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	21.1	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	97	85.1	65.6	50.8
<b>Residents requiring restraints.</b>	90	78.9	55.4	41.3
<b>Confused or disoriented residents.</b>	79	69.3	67.0	58.4
<b>Residents with bed sores.</b>	16	14.0	9.0	7.1
<b>Residents receiving special skin care.</b>	33	28.9	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ASBURY CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3600 SHAMROCK DRIVE		CHARLOTTE NC 28215	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	NON-PROFIT RELIGIOUS	06/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
100	0	15		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	16.0	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	68	68.0	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	23.0	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	82.0	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	30.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	1.0	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	0	0.0	50.7	39.1
<b>Residents requiring restraints.</b>	4	4.0	41.5	31.7
<b>Confused or disoriented residents.</b>	6	6.0	57.2	55.8
<b>Residents with bed sores.</b>	3	3.0	3.9	4.7
<b>Residents receiving special skin care.</b>	17	17.0	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BEVERLY MANOR OF CHARLOTTE

<b>Street Address:</b>		<b>City and State:</b>	
2616 E 5TH ST		CHARLOTTE NC 28204	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
117	1	81		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	83.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	104	88.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	103	88.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	84.6	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	67.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	6	5.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	85	72.6	49.6	37.7
<b>Completely bedfast residents.</b>	6	5.1	4.5	3.4
<b>Residents confined to chairs.</b>	90	76.9	65.6	50.8
<b>Residents requiring restraints.</b>	70	59.8	55.4	41.3
<b>Confused or disoriented residents.</b>	93	79.5	67.0	58.4
<b>Residents with bed sores.</b>	6	5.1	9.0	7.1
<b>Residents receiving special skin care.</b>	117	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRIAN CENTER OF HEALTH RETIREMENT

<b>Street Address:</b> 5939 REDDMAN ROAD		<b>City and State:</b> CHARLOTTE NC 28212	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 120	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 84	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	33	27.5	87.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	108	90.0	91.4	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	95	79.2	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	80.0	85.5	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	93	77.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	47	39.2	49.6	37.7
<b>Completely bedfast residents.</b>	3	2.5	4.5	3.4
<b>Residents confined to chairs.</b>	58	48.3	65.6	50.8
<b>Residents requiring restraints.</b>	47	39.2	55.4	41.3
<b>Confused or disoriented residents.</b>	82	68.3	67.0	58.4
<b>Residents with bed sores.</b>	6	5.0	9.0	7.1
<b>Residents receiving special skin care.</b>	14	11.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OF CHARLOTTE

<b>Street Address:</b>		<b>City and State:</b>	
2623 CRANBROOK LANE		CHARLOTTE NC 28207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	108	PROPRIETARY	09/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
108	0	93	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	108	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	87.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	82.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	51.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	95	88.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	78	72.2	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	71	65.7	65.6	50.8
<b>Residents requiring restraints.</b>	69	63.9	55.4	41.3
<b>Confused or disoriented residents.</b>	93	86.1	67.0	58.4
<b>Residents with bed sores.</b>	11	10.2	9.0	7.1
<b>Residents receiving special skin care.</b>	5	4.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HAWTHORNE NURSING CENTER

<b>Street Address:</b> 333 HAWTHORNE LANE		<b>City and State:</b> CHARLOTTE NC 28204	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 142	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 136	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 26	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	118	86.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	120	88.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	120	88.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	77.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	101	74.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	68	50.0	49.6	37.7
<b>Completely bedfast residents.</b>	31	22.8	4.5	3.4
<b>Residents confined to chairs.</b>	29	21.3	65.6	50.8
<b>Residents requiring restraints.</b>	70	51.5	55.4	41.3
<b>Confused or disoriented residents.</b>	84	61.8	67.0	58.4
<b>Residents with bed sores.</b>	17	12.5	9.0	7.1
<b>Residents receiving special skin care.</b>	36	26.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HOSPITALITY CARE CENTER OF CHARLOTTE

<b>Street Address:</b>		<b>City and State:</b>	
4801 RANDOLPH RD		CHARLOTTE NC 28211	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	04/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
91	5	68	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	83	91.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	80	87.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	83.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	75.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	71.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	40.7	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.1	4.5	3.4
<b>Residents confined to chairs.</b>	68	74.7	65.6	50.8
<b>Residents requiring restraints.</b>	41	45.1	55.4	41.3
<b>Confused or disoriented residents.</b>	49	53.8	67.0	58.4
<b>Residents with bed sores.</b>	11	12.1	9.0	7.1
<b>Residents receiving special skin care.</b>	25	27.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PROVIDENCE CONVALESCENT RESIDENCE

<b>Street Address:</b>		<b>City and State:</b>	
300 PROVIDENCE RD		CHARLOTTE NC 28207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	133	PROPRIETARY	10/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
98	1	94	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	61.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	86	87.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	85	86.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	84.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	81.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	51	52.0	49.6	37.7
<b>Completely bedfast residents.</b>	12	12.2	4.5	3.4
<b>Residents confined to chairs.</b>	67	68.4	65.6	50.8
<b>Residents requiring restraints.</b>	38	38.8	55.4	41.3
<b>Confused or disoriented residents.</b>	79	80.6	67.0	58.4
<b>Residents with bed sores.</b>	7	7.1	9.0	7.1
<b>Residents receiving special skin care.</b>	16	16.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SHARON VILLAGE

<b>Street Address:</b>		<b>City and State:</b>	
4009 CRAIG AVENUE BOX 220130		CHARLOTTE NC 28222	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	01/14/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
177	5	119		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	117	66.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	153	86.4	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	133	75.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	82.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	122	68.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	66	37.3	49.6	37.7
<b>Completely bedfast residents.</b>	36	20.3	4.5	3.4
<b>Residents confined to chairs.</b>	95	53.7	65.6	50.8
<b>Residents requiring restraints.</b>	61	34.5	55.4	41.3
<b>Confused or disoriented residents.</b>	112	63.3	67.0	58.4
<b>Residents with bed sores.</b>	9	5.1	9.0	7.1
<b>Residents receiving special skin care.</b>	35	19.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WESLEY NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3700 SHAMROCK DR		CHARLOTTE NC 28215	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	289	NON-PROFIT RELIGIOUS	06/17/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
283	1	65

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	262	92.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	276	97.5	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	258	91.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	250	88.3	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	261	92.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	52	18.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	188	66.4	49.6	37.7
<b>Completely bedfast residents.</b>	8	2.8	4.5	3.4
<b>Residents confined to chairs.</b>	217	76.7	65.6	50.8
<b>Residents requiring restraints.</b>	193	68.2	55.4	41.3
<b>Confused or disoriented residents.</b>	247	87.3	67.0	58.4
<b>Residents with bed sores.</b>	8	2.8	9.0	7.1
<b>Residents receiving special skin care.</b>	126	44.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WESSELS NH INC

<b>Street Address:</b>		<b>City and State:</b>	
515 TEMPLETON AVE		CHARLOTTE NC 28203	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	26	PROPRIETARY	06/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
26	0	26		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	25	96.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	25	96.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	25	96.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	100	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	3.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	69.2	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	24	92.3	65.6	50.8
<b>Residents requiring restraints.</b>	0	0.0	55.4	41.3
<b>Confused or disoriented residents.</b>	26	100	67.0	58.4
<b>Residents with bed sores.</b>	3	11.5	9.0	7.1
<b>Residents receiving special skin care.</b>	26	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CAROLINA CARE CTR OF CHERRYVILLE INC

<b>Street Address:</b>  HWY 274 N BOX 575		<b>City and State:</b>  CHERRYVILLE NC 28021	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  107	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  04/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  106	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  65
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	75	70.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	80	75.5	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	73	68.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	68.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	68.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	20.8	49.6	37.7
<b>Completely bedfast residents.</b>	6	5.7	4.5	3.4
<b>Residents confined to chairs.</b>	28	26.4	65.6	50.8
<b>Residents requiring restraints.</b>	32	30.2	55.4	41.3
<b>Confused or disoriented residents.</b>	38	35.8	67.0	58.4
<b>Residents with bed sores.</b>	4	3.8	9.0	7.1
<b>Residents receiving special skin care.</b>	73	68.9	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEADOWBROOK MANOR CHERRYVILLE

<b>Street Address:</b>		<b>City and State:</b>	
700 SELF ST BOX 638		CHERRYVILLE NC 28021	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	54	PROPRIETARY	11/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
53	0	48		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	75.5	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	83.0	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	73.6	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	62.3	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	66.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	37.7	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	17	32.1	50.7	39.1
<b>Residents requiring restraints.</b>	17	32.1	41.5	31.7
<b>Confused or disoriented residents.</b>	29	54.7	57.2	55.8
<b>Residents with bed sores.</b>	2	3.8	3.9	4.7
<b>Residents receiving special skin care.</b>	40	75.5	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BLUMENTHAL JEWISH HOME FOR THE AGED

<b>Street Address:</b>		<b>City and State:</b>	
7870 FAIR OAKS DR BOX 38		CLEMMONS NC 27012	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	134	NON-PROFIT OTHER	07/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
134	0	64	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	122	91.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	86.6	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	67.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	73.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	49.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	20	14.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	70	52.2	49.6	37.7
<b>Completely bedfast residents.</b>	2	1.5	4.5	3.4
<b>Residents confined to chairs.</b>	56	41.8	65.6	50.8
<b>Residents requiring restraints.</b>	57	42.5	55.4	41.3
<b>Confused or disoriented residents.</b>	79	59.0	67.0	58.4
<b>Residents with bed sores.</b>	4	3.0	9.0	7.1
<b>Residents receiving special skin care.</b>	21	15.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEADOWBROOK MANOR

<b>Street Address:</b>  HWY 158 BOX 249		<b>City and State:</b>  CLEMMONS NC 27012	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  120	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  06/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  117	<b>Medicare Residents:</b>  4	<b>Medicaid Residents:</b>  68		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	65.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	103	88.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	96	82.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	80.3	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	78	66.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	37.6	49.6	37.7
<b>Completely bedfast residents.</b>	13	11.1	4.5	3.4
<b>Residents confined to chairs.</b>	46	39.3	65.6	50.8
<b>Residents requiring restraints.</b>	55	47.0	55.4	41.3
<b>Confused or disoriented residents.</b>	79	67.5	67.0	58.4
<b>Residents with bed sores.</b>	10	8.5	9.0	7.1
<b>Residents receiving special skin care.</b>	112	95.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE

### MARY GRAN NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
120 SOUTHWOOD DR BOX 379		CLINTON NC 28328	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	182	PROPRIETARY	01/19/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
180	0	151			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	176	97.8	87.0	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	174	96.7	91.4	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	143	79.4	85.2	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	81.7	85.5	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	119	66.1	78.5	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	72	40.0	49.6	37.7	
Completely bedfast residents.	4	2.2	4.5	3.4	
Residents confined to chairs.	134	74.4	65.6	50.8	
Residents requiring restraints.	89	49.4	55.4	41.3	
Confused or disoriented residents.	120	66.7	67.0	58.4	
Residents with bed sores.	36	20.0	9.0	7.1	
Residents receiving special skin care.	138	76.7	40.2	31.2	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SAMPSON COUNTY MEMORIAL HOSPITAL SNF

<b>Street Address:</b>		<b>City and State:</b>	
607 BEAMAN ST BOX 258		CLINTON NC 28328	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	30	NON-PROFIT PRIVATE	07/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
26	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	25	96.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	25	96.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	96.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	88.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	65.4	49.6	37.7
<b>Completely bedfast residents.</b>	2	7.7	4.5	3.4
<b>Residents confined to chairs.</b>	24	92.3	65.6	50.8
<b>Residents requiring restraints.</b>	25	96.2	55.4	41.3
<b>Confused or disoriented residents.</b>	15	57.7	67.0	58.4
<b>Residents with bed sores.</b>	6	23.1	9.0	7.1
<b>Residents receiving special skin care.</b>	10	38.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF CLYDE

<b>Street Address:</b> 30 MORGAN ST		<b>City and State:</b> CLYDE NC 28721	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/22/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 50	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 48
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	82.0	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	90.0	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	78.0	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	82.0	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	86.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	4	8.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	24.0	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	14	28.0	50.7	39.1
<b>Residents requiring restraints.</b>	26	52.0	41.5	31.7
<b>Confused or disoriented residents.</b>	19	38.0	57.2	55.8
<b>Residents with bed sores.</b>	0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>	10	20.0	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CABARRUS NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
515 LAKE CONCORD RD BOX 748		CONCORD NC 28025	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
117	0	100		

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	109	93.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	111	94.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	107	91.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	85.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	104	88.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	11	9.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	76	65.0	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	93	79.5	65.6	50.8
<b>Residents requiring restraints.</b>	69	59.0	55.4	41.3
<b>Confused or disoriented residents.</b>	100	85.5	67.0	58.4
<b>Residents with bed sores.</b>	6	5.1	9.0	7.1
<b>Residents receiving special skin care.</b>	3	2.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CONCORD NURSING CENTER

<b>Street Address:</b> 430 BROOKWOOD AVE NE BOX 748		<b>City and State:</b> CONCORD NC 28025	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/20/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 117	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 90		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	115	98.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	92.3	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	110	94.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	94.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	99	84.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	64	54.7	49.6	37.7
<b>Completely bedfast residents.</b>	9	7.7	4.5	3.4
<b>Residents confined to chairs.</b>	71	60.7	65.6	50.8
<b>Residents requiring restraints.</b>	102	87.2	55.4	41.3
<b>Confused or disoriented residents.</b>	81	69.2	67.0	58.4
<b>Residents with bed sores.</b>	11	9.4	9.0	7.1
<b>Residents receiving special skin care.</b>	14	12.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FIVE OAKS NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
413 WINECOFF SCHOOL RD BOX 384		CONCORD NC 28026	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	135	PROPRIETARY	07/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
130	2	89		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	123	94.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	124	95.4	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	122	93.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	94.6	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	124	95.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	47.7	49.6	37.7
<b>Completely bedfast residents.</b>	10	7.7	4.5	3.4
<b>Residents confined to chairs.</b>	69	53.1	65.6	50.8
<b>Residents requiring restraints.</b>	87	66.9	55.4	41.3
<b>Confused or disoriented residents.</b>	114	87.7	67.0	58.4
<b>Residents with bed sores.</b>	3	2.3	9.0	7.1
<b>Residents receiving special skin care.</b>	105	80.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE ODELL NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2339 ODELL SCHOOL RD		CONCORD NC 28025	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	47	PROPRIETARY	05/04/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
43	0	30		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	74.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	43	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	72.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	90.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	74.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	4.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	34.9	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	19	44.2	65.6	50.8
<b>Residents requiring restraints.</b>	18	41.9	55.4	41.3
<b>Confused or disoriented residents.</b>	24	55.8	67.0	58.4
<b>Residents with bed sores.</b>	5	11.6	9.0	7.1
<b>Residents receiving special skin care.</b>	9	20.9	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## STOKES REYNOLDS MEMORIAL HOSP SNF

<b>Street Address:</b>		<b>City and State:</b>	
PO BOX 10.		DANBURY NC 27016	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	40	LOCAL GOVERNMENT	12/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
40	2	32	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	87.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	95.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	95.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	95.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	82.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	62.5	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	33	82.5	65.6	50.8
<b>Residents requiring restraints.</b>	17	42.5	55.4	41.3
<b>Confused or disoriented residents.</b>	24	60.0	67.0	58.4
<b>Residents with bed sores.</b>	8	20.0	9.0	7.1
<b>Residents receiving special skin care.</b>	13	32.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MOUNTAIN VISTA HEALTH PARK

<b>Street Address:</b>		<b>City and State:</b>	
JACKSON HILL RD ROUTE 1 BOX 591		DENTON NC 27239	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT PRIVATE	02/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
57	0	46		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	87.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	91.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	94.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	49.1	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	27	47.4	65.6	50.8
<b>Residents requiring restraints.</b>	43	75.4	55.4	41.3
<b>Confused or disoriented residents.</b>	49	86.0	67.0	58.4
<b>Residents with bed sores.</b>	0	0.0	9.0	7.1
<b>Residents receiving special skin care.</b>	1	1.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE AUTUMN CARE OF DREXEL

<b>Street Address:</b>		<b>City and State:</b>	
307 OAKLAND AVENUE		DREXEL NC 28619	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	05/05/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
99	0	83		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	94.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	92.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	94.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	86.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	85	85.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	66	66.7	49.6	37.7
<b>Completely bedfast residents.</b>	2	2.0	4.5	3.4
<b>Residents confined to chairs.</b>	36	36.4	65.6	50.8
<b>Residents requiring restraints.</b>	55	55.6	55.4	41.3
<b>Confused or disoriented residents.</b>	96	97.0	67.0	58.4
<b>Residents with bed sores.</b>	6	6.1	9.0	7.1
<b>Residents receiving special skin care.</b>	99	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## CHARLES PARRISH MEMORIAL NURSING CTR

<b>Street Address:</b>		<b>City and State:</b>	
201 N ELLIS AVE		DUNN NC 28334	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	03/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
100	0	95		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	98.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	98.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	96	96.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	95.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	88	88.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	65	65.0	49.6	37.7
<b>Completely bedfast residents.</b>	6	6.0	4.5	3.4
<b>Residents confined to chairs.</b>	93	93.0	65.6	50.8
<b>Residents requiring restraints.</b>	71	71.0	55.4	41.3
<b>Confused or disoriented residents.</b>	81	81.0	67.0	58.4
<b>Residents with bed sores.</b>	6	6.0	9.0	7.1
<b>Residents receiving special skin care.</b>	42	42.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GREENERY REHABILITATION CENTER

<b>Street Address:</b>  3100 ERWIN RD		<b>City and State:</b>  DURHAM NC 27705	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  125	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  05/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  118	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  117
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	75.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	83.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	79.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	78.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	84	71.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	38.1	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	91	77.1	65.6	50.8
<b>Residents requiring restraints.</b>	70	59.3	55.4	41.3
<b>Confused or disoriented residents.</b>	96	81.4	67.0	58.4
<b>Residents with bed sores.</b>	6	5.1	9.0	7.1
<b>Residents receiving special skin care.</b>	9	7.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLCREST CONVALESCENT CENTER

<b>Street Address:</b> 1417 W PETTIGREW ST		<b>City and State:</b> DURHAM NC 27705	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 116	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 5		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	69.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	109	94.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	80.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	75.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	88	75.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	51.7	49.6	37.7
<b>Completely bedfast residents.</b>	3	2.6	4.5	3.4
<b>Residents confined to chairs.</b>	68	58.6	65.6	50.8
<b>Residents requiring restraints.</b>	79	68.1	55.4	41.3
<b>Confused or disoriented residents.</b>	87	75.0	67.0	58.4
<b>Residents with bed sores.</b>	2	1.7	9.0	7.1
<b>Residents receiving special skin care.</b>	23	19.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLHAVEN LASALLE NURSING CENTER

<b>Street Address:</b> 411 S LASALLE ST		<b>City and State:</b> DURHAM NC 27705	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 126	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 123	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 106
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b> Residents requiring some or total assistance in bathing.	104	84.6	87.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	109	88.6	91.4	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	99	80.5	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	81.3	85.5	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	79	64.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.4	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	54	43.9	49.6	37.7
Completely bedfast residents.	5	4.1	4.5	3.4
Residents confined to chairs.	84	68.3	65.6	50.8
Residents requiring restraints.	26	21.1	55.4	41.3
Confused or disoriented residents.	63	51.2	67.0	58.4
Residents with bed sores.	8	6.5	9.0	7.1
Residents receiving special skin care.	33	26.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLHAVEN ORANGE NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
RT 1 BOX 155 MT SINAI RD		DURHAM NC 27705	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	115	PROPRIETARY	01/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
110	0	102	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	104	94.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	91.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	82.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	81.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	74.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	8	7.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	33.6	49.6	37.7
<b>Completely bedfast residents.</b>	1	0.9	4.5	3.4
<b>Residents confined to chairs.</b>	89	80.9	65.6	50.8
<b>Residents requiring restraints.</b>	59	53.6	55.4	41.3
<b>Confused or disoriented residents.</b>	84	76.4	67.0	58.4
<b>Residents with bed sores.</b>	19	17.3	9.0	7.1
<b>Residents receiving special skin care.</b>	41	37.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## HILLHAVEN REHABILITATION & CONV CTR

<b>Street Address:</b>		<b>City and State:</b>	
1515 W PETTIGREW ST		DURHAM NC 27705	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	107	PROPRIETARY	02/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
97	6	60	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

#### Bathing

Residents requiring some or total assistance in bathing.

83 85.6 87.0 81.5

#### Dressing

Residents requiring some or total assistance in dressing.

93 95.9 91.4 83.2

#### Toileting

Residents requiring some or total assistance in toileting.

91 93.8 85.2 73.8

#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

88 90.7 85.5 77.2

#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

91 93.8 78.5 68.2

Residents on individually written bowel and bladder retraining program.

2 2.1 3.4 4.6

#### Eating

Residents receiving tube feedings or requiring assistance with eating.

39 40.2 49.6 37.7

#### Completely bedfast residents.

8 8.2 4.5 3.4

#### Residents confined to chairs.

79 81.4 65.6 50.8

#### Residents requiring restraints.

70 72.2 55.4 41.3

#### Confused or disoriented residents.

58 59.8 67.0 58.4

#### Residents with bed sores.

11 11.3 9.0 7.1

#### Residents receiving special skin care.

2 2.1 40.2 31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HILLHAVEN ROSE MANOR CONVALESCENT CTR

<b>Street Address:</b> 4230 ROXBORO RD		<b>City and State:</b> DURHAM NC 27704	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 127	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/12/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 121	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 78	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	93	76.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	111	91.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	100	82.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	121	100	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	57	47.1	49.6	37.7
<b>Completely bedfast residents.</b>	8	6.6	4.5	3.4
<b>Residents confined to chairs.</b>	71	58.7	65.6	50.8
<b>Residents requiring restraints.</b>	73	60.3	55.4	41.3
<b>Confused or disoriented residents.</b>	64	52.9	67.0	58.4
<b>Residents with bed sores.</b>	12	9.9	9.0	7.1
<b>Residents receiving special skin care.</b>	20	16.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## JOSEPH F COBLE HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2616 ERWIN RD		DURHAM NC 27705	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	125	NON-PROFIT RELIGIOUS	08/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
121	2	58		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	49.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	72.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	98	81.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	95.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	103	85.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	5	4.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	34.7	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	56	46.3	65.6	50.8
<b>Residents requiring restraints.</b>	56	46.3	55.4	41.3
<b>Confused or disoriented residents.</b>	105	86.8	67.0	58.4
<b>Residents with bed sores.</b>	11	9.1	9.0	7.1
<b>Residents receiving special skin care.</b>	46	38.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRIAN CENTER HEALTH & RETIREMENT

<b>Street Address:</b> 226 N OAKLAND AVENUE		<b>City and State:</b> EDEN NC 27288	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 112	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 110		<b>Medicare Residents:</b> 2		<b>Medicaid Residents:</b> 94	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		97	88.2	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		90	81.8	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		78	70.9	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		78	70.9	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		78	70.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.		4	3.6	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		78	70.9	49.6	37.7
<b>Completely bedfast residents.</b>		5	4.5	4.5	3.4
<b>Residents confined to chairs.</b>		64	58.2	65.6	50.8
<b>Residents requiring restraints.</b>		35	31.8	55.4	41.3
<b>Confused or disoriented residents.</b>		66	60.0	67.0	58.4
<b>Residents with bed sores.</b>		7	6.4	9.0	7.1
<b>Residents receiving special skin care.</b>		50	45.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MOREHEAD MEMORIAL HOSPITAL SNF

<b>Street Address:</b>		<b>City and State:</b>	
117 E KING'S HIGHWAY		EDEN NC 27288	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	24	NON-PROFIT OTHER	07/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
22	1	10

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	21	95.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	21	95.5	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	19	86.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	95.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	77.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	6	27.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	50.0	49.6	37.7
<b>Completely bedfast residents.</b>	2	9.1	4.5	3.4
<b>Residents confined to chairs.</b>	12	54.5	65.6	50.8
<b>Residents requiring restraints.</b>	11	50.0	55.4	41.3
<b>Confused or disoriented residents.</b>	11	50.0	67.0	58.4
<b>Residents with bed sores.</b>	3	13.6	9.0	7.1
<b>Residents receiving special skin care.</b>	18	81.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OF EDENTON

<b>Street Address:</b> PARADISE RD BOX 566		<b>City and State:</b> EDENTON NC 27932	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 130	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/24/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
130	0	120			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		112	86.2	87.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		119	91.5	91.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		110	84.6	85.2	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		114	87.7	85.5	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		107	82.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.		2	1.5	3.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		86	66.2	49.6	37.7
Completely bedfast residents.		0	0.0	4.5	3.4
Residents confined to chairs.		80	61.5	65.6	50.8
Residents requiring restraints.		122	93.8	55.4	41.3
Confused or disoriented residents.		113	86.9	67.0	58.4
Residents with bed sores.		9	6.9	9.0	7.1
Residents receiving special skin care.		54	41.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHOWAN HOSP-SNF

<b>Street Address:</b>		<b>City and State:</b>	
VIRGINIA RD.BOX 629		EDENTON NC 27932	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	56	LOCAL GOVERNMENT	12/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
52	2	44

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	43	82.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	96.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	88.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	71.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	42.3	49.6	37.7
<b>Completely bedfast residents.</b>	6	11.5	4.5	3.4
<b>Residents confined to chairs.</b>	25	48.1	65.6	50.8
<b>Residents requiring restraints.</b>	26	50.0	55.4	41.3
<b>Confused or disoriented residents.</b>	17	32.7	67.0	58.4
<b>Residents with bed sores.</b>	7	13.5	9.0	7.1
<b>Residents receiving special skin care.</b>	11	21.2	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GUARDIAN CARE OF ELIZABETH CITY

<b>Street Address:</b>		<b>City and State:</b>	
901 S HALSTEAD BLVD		ELIZABETH CITY NC 27909	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/10/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
117	2	74			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		112	95.7	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		113	96.6	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		109	93.2	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		109	93.2	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		79	67.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.		25	21.4	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		68	58.1	49.6	37.7
Completely bedfast residents.		3	2.6	4.5	3.4
Residents confined to chairs.		93	79.5	65.6	50.8
Residents requiring restraints.		75	64.1	55.4	41.3
Confused or disoriented residents.		72	61.5	67.0	58.4
Residents with bed sores.		6	5.1	9.0	7.1
Residents receiving special skin care.		24	20.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## W R WINSLOW MEMORIAL HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
1700 W EHRINGHAUS ST		ELIZABETH CITY NC 27909	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	121	NON-PROFIT RELIGIOUS	09/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
119	0	93

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	85.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	107	89.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	107	89.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	89.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	84	70.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	34.5	49.6	37.7
<b>Completely bedfast residents.</b>	5	4.2	4.5	3.4
<b>Residents confined to chairs.</b>	69	58.0	65.6	50.8
<b>Residents requiring restraints.</b>	59	49.6	55.4	41.3
<b>Confused or disoriented residents.</b>	71	59.7	67.0	58.4
<b>Residents with bed sores.</b>	2	1.7	9.0	7.1
<b>Residents receiving special skin care.</b>	15	12.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ELIZABETHTOWN NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
208 MERCER RD BOX 1447		ELIZABETHTOWN NC 28337	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	84	PROPRIETARY	06/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
84	0	81		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	80	95.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	73	86.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	90.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	91.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	84.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	8	9.5	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	34.5	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	78	92.9	65.6	50.8
<b>Residents requiring restraints.</b>	78	92.9	55.4	41.3
<b>Confused or disoriented residents.</b>	52	61.9	67.0	58.4
<b>Residents with bed sores.</b>	8	9.5	9.0	7.1
<b>Residents receiving special skin care.</b>	27	32.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	4	2.0	201	2.1
MET	0	0.0	518	5.5
MET	0	0.0	168	1.8
MET	5	2.4	806	8.5
MET	13	6.3	1618	17.1
MET	0	0.0	36	0.4
MET	0	0.0	205	2.2
MET	0	0.0	30	0.3
MET	7	3.4	145	1.5
MET	0	0.0	49	0.5
MET	9	4.4	508	5.4
MET	52	25.4	2816	29.8
MET	46	22.4	1733	18.3
MET	22	10.7	1052	11.1
MET	10	4.9	1512	16.0
MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE LEN-CARE NURSING & CONV CTR

<b>Street Address:</b> HWY 701 SOUTH BOX 2310		<b>City and State:</b> ELIZABETHTOWN NC 28337	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/04/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 48	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		56	93.3	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		58	96.7	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		56	93.3	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		56	93.3	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		52	86.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.		2	3.3	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		20	33.3	49.6	37.7
<b>Completely bedfast residents.</b>		9	15.0	4.5	3.4
<b>Residents confined to chairs.</b>		45	75.0	65.6	50.8
<b>Residents requiring restraints.</b>		20	33.3	55.4	41.3
<b>Confused or disoriented residents.</b>		50	83.3	67.0	58.4
<b>Residents with bed sores.</b>		10	16.7	9.0	7.1
<b>Residents receiving special skin care.</b>		14	23.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GUARDIAN CARE OF ELKIN

<b>Street Address:</b>		<b>City and State:</b>	
560 JOHNSON RIDGE RD		ELKIN NC 28621	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	11/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
99	0	75		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	84.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	92.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	87.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	87.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	74.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	55.6	49.6	37.7
<b>Completely bedfast residents.</b>	3	3.0	4.5	3.4
<b>Residents confined to chairs.</b>	91	91.9	65.6	50.8
<b>Residents requiring restraints.</b>	62	62.6	55.4	41.3
<b>Confused or disoriented residents.</b>	75	75.8	67.0	58.4
<b>Residents with bed sores.</b>	9	9.1	9.0	7.1
<b>Residents receiving special skin care.</b>	33	33.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## HUGH CHATHAM MEMORIAL HOSP- SNF

<b>Street Address:</b>		<b>City and State:</b>	
PARKWOOD DRIVE		ELKIN NC 28621	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	79	NON-PROFIT PRIVATE	11/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
78	0	39

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	91.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	98.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	96.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	96.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	83.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	5.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	49	62.8	49.6	37.7
<b>Completely bedfast residents.</b>	4	5.1	4.5	3.4
<b>Residents confined to chairs.</b>	35	44.9	65.6	50.8
<b>Residents requiring restraints.</b>	47	60.3	55.4	41.3
<b>Confused or disoriented residents.</b>	63	80.8	67.0	58.4
<b>Residents with bed sores.</b>	1	1.3	9.0	7.1
<b>Residents receiving special skin care.</b>	7	9.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CONVALESCENT CENTER OF ENFIELD INC

<b>Street Address:</b> 208 CARY ST		<b>City and State:</b> ENFIELD NC 27823	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 63	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/05/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 62	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 58	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	95.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	96.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	91.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	95.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	85.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	14	22.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	46.8	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.6	4.5	3.4
<b>Residents confined to chairs.</b>	46	74.2	65.6	50.8
<b>Residents requiring restraints.</b>	59	95.2	55.4	41.3
<b>Confused or disoriented residents.</b>	35	56.5	67.0	58.4
<b>Residents with bed sores.</b>	25	40.3	9.0	7.1
<b>Residents receiving special skin care.</b>	40	64.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GOLDEN YEARS NH

<b>Street Address:</b>		<b>City and State:</b>	
214 NORTHWEST ST BOX 40		FALCON NC 28342	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	58	PROPRIETARY	11/13/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
58	0	50

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	89.7	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	91.4	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	75.9	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	72.4	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	70.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	8	13.8	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	69.0	33.4	29.3
<b>Completely bedfast residents.</b>	5	8.6	2.5	3.6
<b>Residents confined to chairs.</b>	35	60.3	50.7	39.1
<b>Residents requiring restraints.</b>	25	43.1	41.5	31.7
<b>Confused or disoriented residents.</b>	45	77.6	57.2	55.8
<b>Residents with bed sores.</b>	0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>	2	3.4	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## GUARDIAN CARE OF FARMVILLE INC

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 1 BOX 96		FARMVILLE NC 27828	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	56	PROPRIETARY	09/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
56	0	48		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	34	60.7	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	73.2	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	66.1	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	73.2	64.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	41.1	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	27	48.2	50.7	39.1
<b>Residents requiring restraints.</b>	25	44.6	41.5	31.7
<b>Confused or disoriented residents.</b>	39	69.6	57.2	55.8
<b>Residents with bed sores.</b>	1	1.8	3.9	4.7
<b>Residents receiving special skin care.</b>	25	44.6	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BETHESDA HEALTH CARE FACILITY

<b>Street Address:</b> RT 1 BOX 118 A		<b>City and State:</b> FAYETTEVILLE NC 28305	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 36	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		53	88.3	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		54	90.0	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		51	85.0	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		54	90.0	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		42	70.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.		2	3.3	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		28	46.7	49.6	37.7
<b>Completely bedfast residents.</b>		6	10.0	4.5	3.4
<b>Residents confined to chairs.</b>		42	70.0	65.6	50.8
<b>Residents requiring restraints.</b>		40	66.7	55.4	41.3
<b>Confused or disoriented residents.</b>		10	16.7	67.0	58.4
<b>Residents with bed sores.</b>		6	10.0	9.0	7.1
<b>Residents receiving special skin care.</b>		17	28.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ELDERLODGE FAYETTEVILLE

<b>Street Address:</b>  707 MURCHISON RD		<b>City and State:</b>  FAYETTEVILLE NC 28302	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  128	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  01/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  123	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  122	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	119	96.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	123	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	122	99.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	122	99.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	93	75.6	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	123	100	65.6	50.8
<b>Residents requiring restraints.</b>	122	99.2	55.4	41.3
<b>Confused or disoriented residents.</b>	85	69.1	67.0	58.4
<b>Residents with bed sores.</b>	25	20.3	9.0	7.1
<b>Residents receiving special skin care.</b>	25	20.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HIGHLAND HOUSE OF FAYETTEVILLE

<b>Street Address:</b>		<b>City and State:</b>	
1700 PAMALEE DR		FAYETTEVILLE NC 28303	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	62	PROPRIETARY	01/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
61	0	60	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	62.3	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	77.0	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	75.4	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	75.4	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	60.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	23.0	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	46	75.4	50.7	39.1
<b>Residents requiring restraints.</b>	31	50.8	41.5	31.7
<b>Confused or disoriented residents.</b>	31	50.8	57.2	55.8
<b>Residents with bed sores.</b>	1	1.6	3.9	4.7
<b>Residents receiving special skin care.</b>	0	0.0	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE REST HAVEN NH

<b>Street Address:</b> 1769 DUNN RD		<b>City and State:</b> FAYETTEVILLE NC 28301	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 46	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 43	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 43	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	40	93.0	82.4	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	41	95.3	84.4	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	30	69.8	72.0	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	60.5	77.7	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	33	76.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	1	2.3	4.2	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	15	34.9	33.4	29.3
<b>Completely bedfast residents.</b>	6	14.0	2.5	3.6
<b>Residents confined to chairs.</b>	30	69.8	50.7	39.1
<b>Residents requiring restraints.</b>	25	58.1	41.5	31.7
<b>Confused or disoriented residents.</b>	20	46.5	57.2	55.8
<b>Residents with bed sores.</b>	4	9.3	3.9	4.7
<b>Residents receiving special skin care.</b>	10	23.3	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WHISPERING PINES NH

<b>Street Address:</b>		<b>City and State:</b>	
523 COUNTRY CLUB DR		FAYETTEVILLE NC 28301	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	58	PROPRIETARY	12/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
58	0	47	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	82.8	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	91.4	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	86.2	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	86.2	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	60.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	34.5	33.4	29.3
<b>Completely bedfast residents.</b>	1	1.7	2.5	3.6
<b>Residents confined to chairs.</b>	26	44.8	50.7	39.1
<b>Residents requiring restraints.</b>	38	65.5	41.5	31.7
<b>Confused or disoriented residents.</b>	34	58.6	57.2	55.8
<b>Residents with bed sores.</b>	3	5.2	3.9	4.7
<b>Residents receiving special skin care.</b>	11	19.0	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
NOT MET	1	2.1	255	4.7
NOT MET	5	10.6	748	13.7
MET	7	14.9	601	11.0
NOT MET	15	31.9	1385	25.3
MET	9	19.1	1045	19.1
MET	2	4.3	269	4.9
MET	0	0.0	311	5.7
MET	3	6.4	481	8.8
MET	0	0.0	479	8.8
MET	0	0.0	1064	19.4
MET	7	14.9	1169	21.4
MET	0	0.0	0	0.0
MET	0	0.0	0	0.0
MET	0	0.0	0	0.0
MET	0	0.0	267	4.9
MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FLETCHER LIVING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
HOWARD GAP RD BOX 5339		FLETCHER NC 28732	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	50	PROPRIETARY	12/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
49	7	14		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		47	95.9	87.0
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		49	100	91.4
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		48	98.0	85.2
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		46	93.9	85.5
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		47	95.9	78.5
Residents on individually written bowel and bladder retraining program.		0	0.0	3.4
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		22	44.9	49.6
<b>Completely bedfast residents.</b>		6	12.2	4.5
<b>Residents confined to chairs.</b>		26	53.1	65.6
<b>Residents requiring restraints.</b>		28	57.1	55.4
<b>Confused or disoriented residents.</b>		35	71.4	67.0
<b>Residents with bed sores.</b>		18	36.7	9.0
<b>Residents receiving special skin care.</b>		11	22.4	40.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OF FRANKLIN

<b>Street Address:</b>		<b>City and State:</b>	
245 OLD MURPHY ROAD		FRANKLIN NC 28734	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	10/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
77	0	53	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	71.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	68.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	68.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	83.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	50	64.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	37.7	49.6	37.7
<b>Completely bedfast residents.</b>	10	13.0	4.5	3.4
<b>Residents confined to chairs.</b>	33	42.9	65.6	50.8
<b>Residents requiring restraints.</b>	26	33.8	55.4	41.3
<b>Confused or disoriented residents.</b>	28	36.4	67.0	58.4
<b>Residents with bed sores.</b>	9	11.7	9.0	7.1
<b>Residents receiving special skin care.</b>	29	37.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE KINTONS NH INC

<b>Street Address:</b>		<b>City and State:</b>	
415 SUNSET DRIVE		FUQUAY VARINA NC 27546	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	49	PROPRIETARY	07/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
48	0	42	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	97.9	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	95.8	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	85.4	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	85.4	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	100	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	54.2	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	36	75.0	50.7	39.1
<b>Residents requiring restraints.</b>	13	27.1	41.5	31.7
<b>Confused or disoriented residents.</b>	26	54.2	57.2	55.8
<b>Residents with bed sores.</b>	0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>	0	0.0	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE AUTUMNFIELD OF LOWELL

<b>Street Address:</b>		<b>City and State:</b>	
398 WILKINSON BLVD		GASTONIA NC 28098	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	50	PROPRIETARY	01/27/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
35	0	34

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	34	97.1	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	94.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	94.3	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	94.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	11.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	48.6	49.6	37.7
<b>Completely bedfast residents.</b>	4	11.4	4.5	3.4
<b>Residents confined to chairs.</b>	25	71.4	65.6	50.8
<b>Residents requiring restraints.</b>	27	77.1	55.4	41.3
<b>Confused or disoriented residents.</b>	32	91.4	67.0	58.4
<b>Residents with bed sores.</b>	7	20.0	9.0	7.1
<b>Residents receiving special skin care.</b>	35	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRIAN CENTER OF NURSING CARE

<b>Street Address:</b>		<b>City and State:</b>	
969 COX RD		GASTONIA NC 28054	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	162	PROPRIETARY	10/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
119	1	87		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	95	79.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	90.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	103	86.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	85.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	81	68.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	59	49.6	49.6	37.7
<b>Completely bedfast residents.</b>	10	8.4	4.5	3.4
<b>Residents confined to chairs.</b>	76	63.9	65.6	50.8
<b>Residents requiring restraints.</b>	60	50.4	55.4	41.3
<b>Confused or disoriented residents.</b>	58	48.7	67.0	58.4
<b>Residents with bed sores.</b>	11	9.2	9.0	7.1
<b>Residents receiving special skin care.</b>	50	42.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## GASTON MEMORIAL HOSPITAL EXT CARE SVCS

<b>Street Address:</b>		<b>City and State:</b>	
2525 COURT DRIVE		GASTONIA NC 28053	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	17	NON-PROFIT PRIVATE	06/30/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
17	8	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	14	82.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	16	94.1	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	14	82.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	88.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	10	58.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	11.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	23.5	49.6	37.7
<b>Completely bedfast residents.</b>	1	5.9	4.5	3.4
<b>Residents confined to chairs.</b>	11	64.7	65.6	50.8
<b>Residents requiring restraints.</b>	6	35.3	55.4	41.3
<b>Confused or disoriented residents.</b>	11	64.7	67.0	58.4
<b>Residents with bed sores.</b>	2	11.8	9.0	7.1
<b>Residents receiving special skin care.</b>	17	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLHAVEN HEALTH CARE OF GASTONIA

<b>Street Address:</b>		<b>City and State:</b>	
416 N HIGHLAND ST		GASTONIA NC 28052	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	118	PROPRIETARY	03/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
116	0	91		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	83	71.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	85.3	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	100	86.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	87.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	70.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	77	66.4	49.6	37.7
<b>Completely bedfast residents.</b>	4	3.4	4.5	3.4
<b>Residents confined to chairs.</b>	97	83.6	65.6	50.8
<b>Residents requiring restraints.</b>	59	50.9	55.4	41.3
<b>Confused or disoriented residents.</b>	67	57.8	67.0	58.4
<b>Residents with bed sores.</b>	13	11.2	9.0	7.1
<b>Residents receiving special skin care.</b>	61	52.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEADOWBROOK MANOR GASTONIA

<b>Street Address:</b>		<b>City and State:</b>	
960 X RAY DRIVE BOX 1375		GASTONIA NC 28054	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
119	0	89		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	100	84.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	104	87.4	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	96	80.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	81.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	75.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	32.8	49.6	37.7
<b>Completely bedfast residents.</b>	17	14.3	4.5	3.4
<b>Residents confined to chairs.</b>	65	54.6	65.6	50.8
<b>Residents requiring restraints.</b>	63	52.9	55.4	41.3
<b>Confused or disoriented residents.</b>	73	61.3	67.0	58.4
<b>Residents with bed sores.</b>	9	7.6	9.0	7.1
<b>Residents receiving special skin care.</b>	81	68.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OF GOLDSBORO

<b>Street Address:</b>		<b>City and State:</b>	
2401 WAYNE MEMORIAL DR		GOLDSBORO NC 27530	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	164	PROPRIETARY	07/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
164	0	151		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	131	79.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	154	93.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	133	81.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	82.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	134	81.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	75	45.7	49.6	37.7
<b>Completely bedfast residents.</b>	7	4.3	4.5	3.4
<b>Residents confined to chairs.</b>	128	78.0	65.6	50.8
<b>Residents requiring restraints.</b>	124	75.6	55.4	41.3
<b>Confused or disoriented residents.</b>	130	79.3	67.0	58.4
<b>Residents with bed sores.</b>	4	2.4	9.0	7.1
<b>Residents receiving special skin care.</b>	9	5.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHERRY HOSPITAL ICF

<b>Street Address:</b>		<b>City and State:</b>	
HWY 581 BOX 8000		GOLDSBORO NC 27530	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	66	STATE GOVERNMENT	08/21/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
65	0	65			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		62	95.4	82.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		65	100	84.4	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		60	92.3	72.0	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		55	84.6	77.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		62	95.4	64.6	59.1
Residents on individually written bowel and bladder retraining program.		5	7.7	4.2	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		15	23.1	33.4	29.3
<b>Completely bedfast residents.</b>		1	1.5	2.5	3.6
<b>Residents confined to chairs.</b>		8	12.3	50.7	39.1
<b>Residents requiring restraints.</b>		1	1.5	41.5	31.7
<b>Confused or disoriented residents.</b>		65	100	57.2	55.8
<b>Residents with bed sores.</b>		2	3.1	3.9	4.7
<b>Residents receiving special skin care.</b>		13	20.0	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE O'BERRY CENTER

<b>Street Address:</b>		<b>City and State:</b>	
PO BOX 247		GOLDSBORO NC 27530	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	34	STATE GOVERNMENT	07/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
26	0	26	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	92.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	88.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	24	92.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	3.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	84.6	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	22	84.6	65.6	50.8
<b>Residents requiring restraints.</b>	2	7.7	55.4	41.3
<b>Confused or disoriented residents.</b>	0	0.0	67.0	58.4
<b>Residents with bed sores.</b>	1	3.8	9.0	7.1
<b>Residents receiving special skin care.</b>	4	15.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HILLHAVEN OF ALAMANCE

<b>Street Address:</b>		<b>City and State:</b>	
779 WOODY DR		GRAHAM NC 27253	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	10/15/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
117	0	95	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	86.3	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	86.3	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	68.4	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	71.8	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	67.5	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	31.6	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	69	59.0	50.7	39.1
<b>Residents requiring restraints.</b>	38	32.5	41.5	31.7
<b>Confused or disoriented residents.</b>	63	53.8	57.2	55.8
<b>Residents with bed sores.</b>	7	6.0	3.9	4.7
<b>Residents receiving special skin care.</b>	36	30.8	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CAMELOT MANOR NURSING CARE FAC INC

<b>Street Address:</b>		<b>City and State:</b>	
100 SUNSET ST		GRANITE FALLS NC 28630	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
110	0	76	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	109	99.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	104	94.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	94.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	104	94.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	43.6	49.6	37.7
<b>Completely bedfast residents.</b>	13	11.8	4.5	3.4
<b>Residents confined to chairs.</b>	81	73.6	65.6	50.8
<b>Residents requiring restraints.</b>	43	39.1	55.4	41.3
<b>Confused or disoriented residents.</b>	67	60.9	67.0	58.4
<b>Residents with bed sores.</b>	13	11.8	9.0	7.1
<b>Residents receiving special skin care.</b>	72	65.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CLARENCE JOHNSON CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
512 PISGAH CHURCH RD		GREENSBORO NC 27405	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	29	PROPRIETARY	09/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
27	0	26

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	20	74.1	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	21	77.8	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	14	51.9	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	70.4	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	11	40.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	22.2	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	11	40.7	50.7	39.1
<b>Residents requiring restraints.</b>	6	22.2	41.5	31.7
<b>Confused or disoriented residents.</b>	22	81.5	57.2	55.8
<b>Residents with bed sores.</b>	1	3.7	3.9	4.7
<b>Residents receiving special skin care.</b>	1	3.7	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FRIENDS HOMES INC

<b>Street Address:</b>		<b>City and State:</b>	
925 NEW GARDEN RD		GREENSBORO NC 27410	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT RELIGIOUS	05/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
45	0	12

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	91.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	93.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	86.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	82.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	2.2	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	95.6	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	40	88.9	65.6	50.8
<b>Residents requiring restraints.</b>	19	42.2	55.4	41.3
<b>Confused or disoriented residents.</b>	41	91.1	67.0	58.4
<b>Residents with bed sores.</b>	0	0.0	9.0	7.1
<b>Residents receiving special skin care.</b>	4	8.9	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GREENSBORO HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1201 CAROLINA ST		GREENSBORO NC 27401	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	105	PROPRIETARY	09/10/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
103	0	71			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	75	72.8	87.0	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	82	79.6	91.4	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	80	77.7	85.2	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	79.6	85.5	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	73	70.9	78.5	68.2	
Residents on individually written bowel and bladder retraining program.	4	3.9	3.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	47	45.6	49.6	37.7	
Completely bedfast residents.	3	2.9	4.5	3.4	
Residents confined to chairs.	52	50.5	65.6	50.8	
Residents requiring restraints.	77	74.8	55.4	41.3	
Confused or disoriented residents.	71	68.9	67.0	58.4	
Residents with bed sores.	11	10.7	9.0	7.1	
Residents receiving special skin care.	16	15.5	40.2	31.2	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HEALTHHAVEN NURSING CENTER INC

<b>Street Address:</b>		<b>City and State:</b>	
801 GREENHAVEN DR		GREENSBORO NC 27406	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
113	0	77		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	85.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	85.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	77.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	81.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	69.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	35.4	49.6	37.7
<b>Completely bedfast residents.</b>	1	0.9	4.5	3.4
<b>Residents confined to chairs.</b>	56	49.6	65.6	50.8
<b>Residents requiring restraints.</b>	29	25.7	55.4	41.3
<b>Confused or disoriented residents.</b>	60	53.1	67.0	58.4
<b>Residents with bed sores.</b>	0	0.0	9.0	7.1
<b>Residents receiving special skin care.</b>	15	13.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## L RICHARDSON MEMORIAL HOSPITAL-SNF

<b>Street Address:</b>		<b>City and State:</b>	
2401 SOUTHSIDE BLVD P.O. DRAWER 16167		GREENSBORO NC 27406	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	36	NON-PROFIT PRIVATE	02/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
13	1	10	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	12	92.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	10	76.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	11	84.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	76.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	10	76.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	76.9	49.6	37.7
<b>Completely bedfast residents.</b>	2	15.4	4.5	3.4
<b>Residents confined to chairs.</b>	8	61.5	65.6	50.8
<b>Residents requiring restraints.</b>	1	7.7	55.4	41.3
<b>Confused or disoriented residents.</b>	6	46.2	67.0	58.4
<b>Residents with bed sores.</b>	2	15.4	9.0	7.1
<b>Residents receiving special skin care.</b>	2	15.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SAINT JAMES NURSING CENTER INC

<b>Street Address:</b>		<b>City and State:</b>	
603 S BENBOW RD		GREENSBORO NC 27401	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	100	NON-PROFIT RELIGIOUS	11/05/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
99	3	93		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	94.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	97.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	98.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	94.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	98.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	96	97.0	49.6	37.7
<b>Completely bedfast residents.</b>	14	14.1	4.5	3.4
<b>Residents confined to chairs.</b>	50	50.5	65.6	50.8
<b>Residents requiring restraints.</b>	39	39.4	55.4	41.3
<b>Confused or disoriented residents.</b>	91	91.9	67.0	58.4
<b>Residents with bed sores.</b>	26	26.3	9.0	7.1
<b>Residents receiving special skin care.</b>	21	21.2	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean; sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE STARMOUNT VILLA

<b>Street Address:</b>		<b>City and State:</b>	
109 S HOLDEN ROAD		GREENSBORO NC 27407	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	126	PROPRIETARY	02/17/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
125	1	93	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	123	98.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	123	98.4	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	118	94.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	96.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	116	92.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	5	4.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	86	68.8	49.6	37.7
<b>Completely bedfast residents.</b>	6	4.8	4.5	3.4
<b>Residents confined to chairs.</b>	112	89.6	65.6	50.8
<b>Residents requiring restraints.</b>	52	41.6	55.4	41.3
<b>Confused or disoriented residents.</b>	10	8.0	67.0	58.4
<b>Residents with bed sores.</b>	9	7.2	9.0	7.1
<b>Residents receiving special skin care.</b>	32	25.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THE EVERGREENS INC

<b>Street Address:</b>		<b>City and State:</b>	
4007 W WENDOVER AVE		GREENSBORO NC 27407	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	266	NON-PROFIT PRIVATE	03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
263	0	193	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	240	91.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	263	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	234	89.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	246	93.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	231	87.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	129	49.0	49.6	37.7
<b>Completely bedfast residents.</b>	8	3.0	4.5	3.4
<b>Residents confined to chairs.</b>	182	69.2	65.6	50.8
<b>Residents requiring restraints.</b>	129	49.0	55.4	41.3
<b>Confused or disoriented residents.</b>	180	68.4	67.0	58.4
<b>Residents with bed sores.</b>	17	6.5	9.0	7.1
<b>Residents receiving special skin care.</b>	57	21.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GREENVILLE VILLA

<b>Street Address:</b>		<b>City and State:</b>	
127 MOYE BLVD BOX 5046		GREENVILLE NC 27834	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	152	PROPRIETARY	01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
144	0	117

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	132	91.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	142	98.6	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	124	86.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	86.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	106	73.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	2.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	36.1	49.6	37.7
<b>Completely bedfast residents.</b>	2	1.4	4.5	3.4
<b>Residents confined to chairs.</b>	128	88.9	65.6	50.8
<b>Residents requiring restraints.</b>	118	81.9	55.4	41.3
<b>Confused or disoriented residents.</b>	132	91.7	67.0	58.4
<b>Residents with bed sores.</b>	23	16.0	9.0	7.1
<b>Residents receiving special skin care.</b>	144	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE UNIVERSITY NURSING CENTER INC

<b>Street Address:</b> HWY 43W RT 1 BOX 21		<b>City and State:</b> GREENVILLE NC 27834	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 89	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 68	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	66	74.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	88.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	77.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	94.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	70.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	46.1	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.1	4.5	3.4
<b>Residents confined to chairs.</b>	68	76.4	65.6	50.8
<b>Residents requiring restraints.</b>	51	57.3	55.4	41.3
<b>Confused or disoriented residents.</b>	61	68.5	67.0	58.4
<b>Residents with bed sores.</b>	14	15.7	9.0	7.1
<b>Residents receiving special skin care.</b>	34	38.2	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GUARDIAN CARE OF HENDERSON

<b>Street Address:</b>		<b>City and State:</b>	
280 S BECKFORD DR		HENDERSON NC 27536	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	PROPRIETARY	01/19/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
80	0	64

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	97.5	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	96.2	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	81.3	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	100	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	66.2	64.6	59.1
Residents on individually written bowel and bladder retraining program.	2	2.5	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	50.0	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	66	82.5	50.7	39.1
<b>Residents requiring restraints.</b>	40	50.0	41.5	31.7
<b>Confused or disoriented residents.</b>	60	75.0	57.2	55.8
<b>Residents with bed sores.</b>	3	3.7	3.9	4.7
<b>Residents receiving special skin care.</b>	25	31.3	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE PINE HAVEN CONVALESCENT CENTER

<b>Street Address:</b>  1245 PARK AVE		<b>City and State:</b>  HENDERSON NC 27536	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  52	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/27/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  52	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  37
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	76.9	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	80.8	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	73.1	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	86.5	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	21	40.4	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	26.9	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	32	61.5	50.7	39.1
<b>Residents requiring restraints.</b>	21	40.4	41.5	31.7
<b>Confused or disoriented residents.</b>	31	59.6	57.2	55.8
<b>Residents with bed sores.</b>	0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>	3	5.8	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CAROLINA VILLAGE INC

<b>Street Address:</b>		<b>City and State:</b>	
600 CAROLINA VILLAGE RD		HENDERSONVILLE NC 28739	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	58	NON-PROFIT OTHER	01/28/88

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
53	2	0			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.	37	69.8	87.0	81.5	
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.	53	100	91.4	83.2	
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.	41	77.4	85.2	73.8	
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	77.4	85.5	77.2	
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.	30	56.6	78.5	68.2	
Residents on individually written bowel and bladder retraining program.	12	22.6	3.4	4.6	
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.	21	39.6	49.6	37.7	
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4	
<b>Residents confined to chairs.</b>	10	18.9	65.6	50.8	
<b>Residents requiring restraints.</b>	14	26.4	55.4	41.3	
<b>Confused or disoriented residents.</b>	27	50.9	67.0	58.4	
<b>Residents with bed sores.</b>	1	1.9	9.0	7.1	
<b>Residents receiving special skin care.</b>	1	1.9	40.2	31.2	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HENDERSONVILLE RETIREMENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
200 HERITAGE DR		HENDERSONVILLE NC 28739	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	34	PROPRIETARY	01/27/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
33	0	28	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	33	100	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	27	81.8	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	81.8	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	84.8	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	81.8	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	33.3	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	25	75.8	50.7	39.1
<b>Residents requiring restraints.</b>	20	60.6	41.5	31.7
<b>Confused or disoriented residents.</b>	22	66.7	57.2	55.8
<b>Residents with bed sores.</b>	3	9.1	3.9	4.7
<b>Residents receiving special skin care.</b>	22	66.7	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## LAKEWOOD MANOR NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1510 HEBRON ST		HENDERSONVILLE NC 28739	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	08/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
142	2	112	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	122	85.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	105	73.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	113	79.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	74.6	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	105	73.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	33.8	49.6	37.7
<b>Completely bedfast residents.</b>	1	0.7	4.5	3.4
<b>Residents confined to chairs.</b>	75	52.8	65.6	50.8
<b>Residents requiring restraints.</b>	89	62.7	55.4	41.3
<b>Confused or disoriented residents.</b>	67	47.2	67.0	58.4
<b>Residents with bed sores.</b>	40	28.2	9.0	7.1
<b>Residents receiving special skin care.</b>	43	30.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

**NURSING HOME PROFILE  
MARGARET R PARDEE MEM HOSP- SNF**

<b>Street Address:</b>  715 FLEMING ST		<b>City and State:</b>  HENDERSONVILLE NC 28739	
<b>Participation:</b>  MEDICARE/MEDICAID SNF	<b># of Beds:</b>  40	<b>Type of Ownership:</b>  LOCAL GOVERNMENT	<b>Survey Date:</b>  02/10/88

**SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>  32	<b>Medicare Residents:</b>  6	<b>Medicaid Residents:</b>  10
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	27	84.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	93.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	93.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	93.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	93.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	3.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	50.0	49.6	37.7
<b>Completely bedfast residents.</b>	3	9.4	4.5	3.4
<b>Residents confined to chairs.</b>	10	31.3	65.6	50.8
<b>Residents requiring restraints.</b>	5	15.6	55.4	41.3
<b>Confused or disoriented residents.</b>	9	28.1	67.0	58.4
<b>Residents with bed sores.</b>	6	18.8	9.0	7.1
<b>Residents receiving special skin care.</b>	4	12.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## BRIAN CENTER NURSING CARE OF HERTFORD

<b>Street Address:</b>		<b>City and State:</b>	
GRUBB STREET EXT P O BOX 91		HERTFORD NC 27944	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	78	PROPRIETARY	11/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
61	0	45	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	86.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	88.5	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	75.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	75.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	77.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	44.3	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	32	52.5	65.6	50.8
<b>Residents requiring restraints.</b>	34	55.7	55.4	41.3
<b>Confused or disoriented residents.</b>	29	47.5	67.0	58.4
<b>Residents with bed sores.</b>	4	6.6	9.0	7.1
<b>Residents receiving special skin care.</b>	9	14.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Infection control techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## BRIAN CENTER OF NURSING CARE

<b>Street Address:</b>		<b>City and State:</b>	
220 13TH AVE PLACE NW		HICKORY NC 28601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	08/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
103	1	81	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	100	97.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	97.1	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	91.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	91.3	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	85	82.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	7	6.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	49	47.6	49.6	37.7
<b>Completely bedfast residents.</b>	5	4.9	4.5	3.4
<b>Residents confined to chairs.</b>	86	83.5	65.6	50.8
<b>Residents requiring restraints.</b>	60	58.3	55.4	41.3
<b>Confused or disoriented residents.</b>	64	62.1	67.0	58.4
<b>Residents with bed sores.</b>	12	11.7	9.0	7.1
<b>Residents receiving special skin care.</b>	30	29.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRIAN CENTER/HICKORY EAST

<b>Street Address:</b> ROUTE 11 BOX 355		<b>City and State:</b> HICKORY NC 28602	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 110	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/03/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 104	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 95	
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b> Residents requiring some or total assistance in bathing.	89	85.6	87.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	91	87.5	91.4	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	77	74.0	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	83.7	85.5	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	76	73.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	37	35.6	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.0	4.5	3.4
<b>Residents confined to chairs.</b>	68	65.4	65.6	50.8
<b>Residents requiring restraints.</b>	42	40.4	55.4	41.3
<b>Confused or disoriented residents.</b>	67	64.4	67.0	58.4
<b>Residents with bed sores.</b>	15	14.4	9.0	7.1
<b>Residents receiving special skin care.</b>	7	6.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE LUTHERAN NH HICKORY UNIT

<b>Street Address:</b>		<b>City and State:</b>	
1265 21 ST NE		HICKORY NC 28603	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	64	NON-PROFIT RELIGIOUS	09/23/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
64	1	46	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	95.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	61	95.3	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	85.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	84.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	82.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	6.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	34.4	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.6	4.5	3.4
<b>Residents confined to chairs.</b>	31	48.4	65.6	50.8
<b>Residents requiring restraints.</b>	33	51.6	55.4	41.3
<b>Confused or disoriented residents.</b>	36	56.3	67.0	58.4
<b>Residents with bed sores.</b>	6	9.4	9.0	7.1
<b>Residents receiving special skin care.</b>	40	62.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE PELLCARE

<b>Street Address:</b> 1125 10 ST BLVD NW		<b>City and State:</b> HICKORY NC 28601	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/20/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 119	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 98
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	105	88.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	90.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	105	88.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	69.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	68.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	43.7	49.6	37.7
<b>Completely bedfast residents.</b>	3	2.5	4.5	3.4
<b>Residents confined to chairs.</b>	63	52.9	65.6	50.8
<b>Residents requiring restraints.</b>	55	46.2	55.4	41.3
<b>Confused or disoriented residents.</b>	53	44.5	67.0	58.4
<b>Residents with bed sores.</b>	6	5.0	9.0	7.1
<b>Residents receiving special skin care.</b>	119	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HIGH POINT CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3830 N MAIN ST		HIGH POINT NC 27260	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	03/16/88

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
94	0	86			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		90	95.7	87.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		86	91.5	91.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		79	84.0	85.2	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		66	70.2	85.5	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		60	63.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.		1	1.1	3.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		25	26.6	49.6	37.7
Completely bedfast residents.		6	6.4	4.5	3.4
Residents confined to chairs.		56	59.6	65.6	50.8
Residents requiring restraints.		48	51.1	55.4	41.3
Confused or disoriented residents.		90	95.7	67.0	58.4
Residents with bed sores.		7	7.4	9.0	7.1
Residents receiving special skin care.		7	7.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MARYFIELD NH

<b>Street Address:</b>		<b>City and State:</b>	
1315 GREENSBORO RD		HIGH POINT NC 27260	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	115	NON-PROFIT PRIVATE	04/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
115	0	29		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	112	97.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	106	92.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	84.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	78.3	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	78.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	77	67.0	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	85	73.9	65.6	50.8
<b>Residents requiring restraints.</b>	77	67.0	55.4	41.3
<b>Confused or disoriented residents.</b>	91	79.1	67.0	58.4
<b>Residents with bed sores.</b>	11	9.6	9.0	7.1
<b>Residents receiving special skin care.</b>	45	39.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEDICAL PARK NSG CENTRE

<b>Street Address:</b> 707 N ELM ST		<b>City and State:</b> HIGH POINT NC 27262	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 199	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 194	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 185	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	184	94.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	182	93.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	147	75.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	159	82.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	169	87.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	9	4.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	72	37.1	49.6	37.7
<b>Completely bedfast residents.</b>	6	3.1	4.5	3.4
<b>Residents confined to chairs.</b>	97	50.0	65.6	50.8
<b>Residents requiring restraints.</b>	97	50.0	55.4	41.3
<b>Confused or disoriented residents.</b>	132	68.0	67.0	58.4
<b>Residents with bed sores.</b>	17	8.8	9.0	7.1
<b>Residents receiving special skin care.</b>	66	34.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE THE EVERGREENS INC

<b>Street Address:</b>		<b>City and State:</b>	
206 GREENSBORO RD		HIGH POINT NC 27260	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	93	NON-PROFIT PRIVATE	08/13/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
93	0	72		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	87.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	87	93.5	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	80.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	79.6	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	77.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	5	5.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	41.9	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.1	4.5	3.4
<b>Residents confined to chairs.</b>	60	64.5	65.6	50.8
<b>Residents requiring restraints.</b>	39	41.9	55.4	41.3
<b>Confused or disoriented residents.</b>	53	57.0	67.0	58.4
<b>Residents with bed sores.</b>	4	4.3	9.0	7.1
<b>Residents receiving special skin care.</b>	15	16.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THE PRESBYTERIAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
201 GREENSBORO RD		HIGH POINT NC 27261	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	78	NON-PROFIT RELIGIOUS	09/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
76	0	15		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	80.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	78.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	73.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	71.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	50	65.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	43.4	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.3	4.5	3.4
<b>Residents confined to chairs.</b>	37	48.7	65.6	50.8
<b>Residents requiring restraints.</b>	54	71.1	55.4	41.3
<b>Confused or disoriented residents.</b>	48	63.2	67.0	58.4
<b>Residents with bed sores.</b>	0	0.0	9.0	7.1
<b>Residents receiving special skin care.</b>	37	48.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WESLEYAN ARMS INC

<b>Street Address:</b>		<b>City and State:</b>	
1901 N CENTENNIAL ST		HIGH POINT NC 27260	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT RELIGIOUS	03/17/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
96	0	50	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	91	94.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	82	85.4	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	77.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	67.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	65.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	38.5	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.0	4.5	3.4
<b>Residents confined to chairs.</b>	32	33.3	65.6	50.8
<b>Residents requiring restraints.</b>	42	43.8	55.4	41.3
<b>Confused or disoriented residents.</b>	63	65.6	67.0	58.4
<b>Residents with bed sores.</b>	5	5.2	9.0	7.1
<b>Residents receiving special skin care.</b>	15	15.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HUNTERSVILLE OAKS NH

<b>Street Address:</b>		<b>City and State:</b>	
13001 OLD STATESVILLE RD		HUNTERSVILLE NC 28078	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	289	NON-PROFIT OTHER	09/17/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
287	0	226

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	239	83.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	268	93.4	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	247	86.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	262	91.3	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	250	87.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	31	10.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	141	49.1	49.6	37.7
<b>Completely bedfast residents.</b>	23	8.0	4.5	3.4
<b>Residents confined to chairs.</b>	202	70.4	65.6	50.8
<b>Residents requiring restraints.</b>	90	31.4	55.4	41.3
<b>Confused or disoriented residents.</b>	215	74.9	67.0	58.4
<b>Residents with bed sores.</b>	16	5.6	9.0	7.1
<b>Residents receiving special skin care.</b>	198	69.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF JACKSONVILLE

<b>Street Address:</b> 225 WHITE ST		<b>City and State:</b> JACKSONVILLE NC 28540	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 182	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/06/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 182	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 175		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	141	77.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	151	83.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	136	74.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	74.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	132	72.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	7	3.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	90	49.5	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	101	55.5	65.6	50.8
<b>Residents requiring restraints.</b>	110	60.4	55.4	41.3
<b>Confused or disoriented residents.</b>	127	69.8	67.0	58.4
<b>Residents with bed sores.</b>	19	10.4	9.0	7.1
<b>Residents receiving special skin care.</b>	29	15.9	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF ONSLOW

<b>Street Address:</b>		<b>City and State:</b>	
1839 ONSLOW DR BOX 5021		JACKSONVILLE NC 28540	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	80	PROPRIETARY	07/22/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
71	0	68		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	83.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	61	85.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	61	85.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	85.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	74.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	50.7	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	54	76.1	65.6	50.8
<b>Residents requiring restraints.</b>	55	77.5	55.4	41.3
<b>Confused or disoriented residents.</b>	52	73.2	67.0	58.4
<b>Residents with bed sores.</b>	10	14.1	9.0	7.1
<b>Residents receiving special skin care.</b>	68	95.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE DUPLIN GENERAL HOSPITAL SNF

<b>Street Address:</b>		<b>City and State:</b>	
N MAIN ST BOX 278		KENANSVILLE NC 28349	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	20	NON-PROFIT OTHER	10/21/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
17	6	8		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	94.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	17	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	16	94.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	16	94.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	11.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	70.6	49.6	37.7
<b>Completely bedfast residents.</b>	1	5.9	4.5	3.4
<b>Residents confined to chairs.</b>	13	76.5	65.6	50.8
<b>Residents requiring restraints.</b>	6	35.3	55.4	41.3
<b>Confused or disoriented residents.</b>	9	52.9	67.0	58.4
<b>Residents with bed sores.</b>	5	29.4	9.0	7.1
<b>Residents receiving special skin care.</b>	5	29.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GUARDIAN CARE OF KENANSVILLE INC

<b>Street Address:</b>		<b>City and State:</b>	
BEASLEY ST BOX 478		KENANSVILLE NC 28349	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	92	PROPRIETARY	08/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
91	1	88		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	68	74.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	92.3	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	91.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	91.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	78	85.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	52.7	49.6	37.7
<b>Completely bedfast residents.</b>	2	2.2	4.5	3.4
<b>Residents confined to chairs.</b>	66	72.5	65.6	50.8
<b>Residents requiring restraints.</b>	64	70.3	55.4	41.3
<b>Confused or disoriented residents.</b>	73	80.2	67.0	58.4
<b>Residents with bed sores.</b>	4	4.4	9.0	7.1
<b>Residents receiving special skin care.</b>	91	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF KERNERSVILLE

<b>Street Address:</b>		<b>City and State:</b>	
738 PINEY GROVE RD		KERNERSVILLE NC 27284	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	02/10/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
60	0	55	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	91.7	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	100	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	46.7	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	66.7	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	68.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	20.0	33.4	29.3
<b>Completely bedfast residents.</b>	1	1.7	2.5	3.6
<b>Residents confined to chairs.</b>	21	35.0	50.7	39.1
<b>Residents requiring restraints.</b>	21	35.0	41.5	31.7
<b>Confused or disoriented residents.</b>	30	50.0	57.2	55.8
<b>Residents with bed sores.</b>	3	5.0	3.9	4.7
<b>Residents receiving special skin care.</b>	12	20.0	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	0	0.0	65	1.2
MET	0	0.0	198	3.6
MET	0	0.0	79	1.4
MET	2	4.3	564	10.3
MET	3	6.4	798	14.6
MET	0	0.0	25	0.5
MET	1	2.1	89	1.6
MET	0	0.0	0	0.0
MET	0	0.0	25	0.5
MET	0	0.0	0	0.0
MET	2	4.3	335	6.1
MET	12	25.5	1187	21.7
MET	5	10.6	679	12.4
MET	4	8.5	382	7.0
MET	1	2.1	807	14.8
MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE OAKWOOD KNOLL NH

<b>Street Address:</b>		<b>City and State:</b>	
2680 HWY 66 S		KERNERSVILLE NC 27284	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	32	PROPRIETARY	08/13/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
32	0	29	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	21	65.6	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	21	65.6	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	18	56.3	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	40.6	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	53.1	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	37.5	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	8	25.0	50.7	39.1
<b>Residents requiring restraints.</b>	8	25.0	41.5	31.7
<b>Confused or disoriented residents.</b>	20	62.5	57.2	55.8
<b>Residents with bed sores.</b>	0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>	3	9.4	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors:	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE KINGS MOUNTAIN CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
716 SIPES ST BOX 588		KINGS MOUNTAIN NC 28086	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	124	PROPRIETARY	06/25/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
122	9	100		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	79.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	82.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	99	81.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	82.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	101	82.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	51	41.8	49.6	37.7
<b>Completely bedfast residents.</b>	6	4.9	4.5	3.4
<b>Residents confined to chairs.</b>	90	73.8	65.6	50.8
<b>Residents requiring restraints.</b>	87	71.3	55.4	41.3
<b>Confused or disoriented residents.</b>	91	74.6	67.0	58.4
<b>Residents with bed sores.</b>	11	9.0	9.0	7.1
<b>Residents receiving special skin care.</b>	107	87.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF KINSTON

<b>Street Address:</b>		<b>City and State:</b>	
317 RHODES AVE		KINSTON NC 28501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	182	PROPRIETARY	10/27/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
180	0	160		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	168	93.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	165	91.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	155	86.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	89.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	151	83.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	69	38.3	49.6	37.7
<b>Completely bedfast residents.</b>	4	2.2	4.5	3.4
<b>Residents confined to chairs.</b>	161	89.4	65.6	50.8
<b>Residents requiring restraints.</b>	133	73.9	55.4	41.3
<b>Confused or disoriented residents.</b>	134	74.4	67.0	58.4
<b>Residents with bed sores.</b>	20	11.1	9.0	7.1
<b>Residents receiving special skin care.</b>	10	5.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GUARDIAN CARE OF KINSTON

<b>Street Address:</b> CUNNINGHAM RD BOX 1438		<b>City and State:</b> KINSTON NC 28501	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 114	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 109	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 88	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	81.7	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	86.2	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	87.2	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	84.4	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	41.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.	3	2.8	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	38.5	33.4	29.3
<b>Completely bedfast residents.</b>	8	7.3	2.5	3.6
<b>Residents confined to chairs.</b>	88	80.7	50.7	39.1
<b>Residents requiring restraints.</b>	68	62.4	41.5	31.7
<b>Confused or disoriented residents.</b>	55	50.5	57.2	55.8
<b>Residents with bed sores.</b>	3	2.8	3.9	4.7
<b>Residents receiving special skin care.</b>	10	9.2	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LAKE WACCAMAW CONVALESCENT CENTER

<b>Street Address:</b> CAMERON ST BOX 196		<b>City and State:</b> LAKE WACCAMAW NC 28450	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 127	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 77	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 74	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	75	97.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	96.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	81.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	62	80.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	5.2	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	28.6	49.6	37.7
<b>Completely bedfast residents.</b>	15	19.5	4.5	3.4
<b>Residents confined to chairs.</b>	43	55.8	65.6	50.8
<b>Residents requiring restraints.</b>	43	55.8	55.4	41.3
<b>Confused or disoriented residents.</b>	54	70.1	67.0	58.4
<b>Residents with bed sores.</b>	11	14.3	9.0	7.1
<b>Residents receiving special skin care.</b>	19	24.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CENTURY CARE OF LAURINBURG

<b>Street Address:</b> ROUTE 3 BOX 95		<b>City and State:</b> LAURINBURG NC 28352	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 74	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/06/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 74		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 72	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.		70	94.6	82.4	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.		72	97.3	84.4	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.		64	86.5	72.0	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		53	71.6	77.7	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.		50	67.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.		3	4.1	4.2	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.		26	35.1	33.4	29.3
<b>Completely bedfast residents.</b>		0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>		70	94.6	50.7	39.1
<b>Residents requiring restraints.</b>		44	59.5	41.5	31.7
<b>Confused or disoriented residents.</b>		31	41.9	57.2	55.8
<b>Residents with bed sores.</b>		0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>		74	100	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THE EDWIN MORGAN CENTER

<b>Street Address:</b>		<b>City and State:</b>	
517 PEDEN ST		LAURINBURG NC 28352	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	40	NON-PROFIT PRIVATE	02/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
39	0	32	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	100	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	100	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	79.5	49.6	37.7
<b>Completely bedfast residents.</b>	4	10.3	4.5	3.4
<b>Residents confined to chairs.</b>	35	89.7	65.6	50.8
<b>Residents requiring restraints.</b>	35	89.7	55.4	41.3
<b>Confused or disoriented residents.</b>	39	100	67.0	58.4
<b>Residents with bed sores.</b>	10	25.6	9.0	7.1
<b>Residents receiving special skin care.</b>	10	25.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEADOWBROOK MANOR OF LENOIR

<b>Street Address:</b> 322 NUWAY CIRCLE		<b>City and State:</b> LENOIR NC 28645	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 118	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 106	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	112	94.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	105	89.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	79.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	82.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	88	74.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	31.4	49.6	37.7
<b>Completely bedfast residents.</b>	6	5.1	4.5	3.4
<b>Residents confined to chairs.</b>	84	71.2	65.6	50.8
<b>Residents requiring restraints.</b>	55	46.6	55.4	41.3
<b>Confused or disoriented residents.</b>	70	59.3	67.0	58.4
<b>Residents with bed sores.</b>	8	6.8	9.0	7.1
<b>Residents receiving special skin care.</b>	12	10.2	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRIAN CENTER OF NURSING CARE

<b>Street Address:</b>		<b>City and State:</b>	
RT 1 BOX 1876		LEXINGTON NC 27292	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	56	PROPRIETARY	09/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
56	0	51	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	73.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	82.1	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	75.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	80.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	53.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	37.5	49.6	37.7
<b>Completely bedfast residents.</b>	2	3.6	4.5	3.4
<b>Residents confined to chairs.</b>	36	64.3	65.6	50.8
<b>Residents requiring restraints.</b>	13	23.2	55.4	41.3
<b>Confused or disoriented residents.</b>	24	42.9	67.0	58.4
<b>Residents with bed sores.</b>	2	3.6	9.0	7.1
<b>Residents receiving special skin care.</b>	27	48.2	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	16	7.8	1123	11.9
MET	33	16.1	2045	21.6
MET	42	20.5	1662	17.6
MET	54	26.3	2739	29.0
MET	13	6.3	1389	14.7
MET	6	2.9	587	6.2
MET	13	6.3	816	8.6
MET	17	8.3	1099	11.6
MET	6	2.9	1270	13.4
MET	8	3.9	1216	12.9
MET	12	5.9	1041	11.0
MET	7	3.4	1413	14.9
MET	4	2.0	1408	14.9
MET	23	11.2	2340	24.7
MET	0	0.0	700	7.4
MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## BUENA VISTA NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
EVERHART RD BOX 419		LEXINGTON NC 27292	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	36	PROPRIETARY	11/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
34	0	34		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	33	97.1	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	82.4	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	82.4	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	82.4	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	76.5	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	35.3	33.4	29.3
<b>Completely bedfast residents.</b>	6	17.6	2.5	3.6
<b>Residents confined to chairs.</b>	14	41.2	50.7	39.1
<b>Residents requiring restraints.</b>	19	55.9	41.5	31.7
<b>Confused or disoriented residents.</b>	22	64.7	57.2	55.8
<b>Residents with bed sores.</b>	2	5.9	3.9	4.7
<b>Residents receiving special skin care.</b>	34	100	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CENTERCLAIR INC

<b>Street Address:</b>		<b>City and State:</b>	
RT 20 BOX 711		LEXINGTON NC 27292	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	01/28/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
56	0	32	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

### Bathing

Residents requiring some or total assistance in bathing.

41 73.2 82.4 78.3

### Dressing

Residents requiring some or total assistance in dressing.

45 80.4 84.4 76.7

### Toileting

Residents requiring some or total assistance in toileting.

34 60.7 72.0 63.4

### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

34 60.7 77.7 66.0

### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

29 51.8 64.6 59.1

Residents on individually written bowel and bladder retraining program.

4 7.1 4.2 6.1

### Eating

Residents receiving tube feedings or requiring assistance with eating.

16 28.6 33.4 29.3

### Completely bedfast residents.

1 1.8 2.5 3.6

### Residents confined to chairs.

28 50.0 50.7 39.1

### Residents requiring restraints.

24 42.9 41.5 31.7

### Confused or disoriented residents.

25 44.6 57.2 55.8

### Residents with bed sores.

2 3.6 3.9 4.7

### Residents receiving special skin care.

8 14.3 27.5 24.0



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GOLDEN AGE INC

<b>Street Address:</b> ROUTE 22 BOX 2470		<b>City and State:</b> LEXINGTON NC 27292	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 44	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 5	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	35	79.5	87.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	36	81.8	91.4	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	34	77.3	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	59.1	85.5	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	30	68.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	2.3	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	19	43.2	49.6	37.7
<b>Completely bedfast residents.</b>	1	2.3	4.5	3.4
<b>Residents confined to chairs.</b>	43	97.7	65.6	50.8
<b>Residents requiring restraints.</b>	25	56.8	55.4	41.3
<b>Confused or disoriented residents.</b>	29	65.9	67.0	58.4
<b>Residents with bed sores.</b>	4	9.1	9.0	7.1
<b>Residents receiving special skin care.</b>	9	20.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## ADAMS & KINTON NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
HWY 421 S BOX 789		LILLINGTON NC 27546	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	129	PROPRIETARY	05/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
126		0		120	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		113	89.7	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		123	97.6	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		118	93.7	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		102	81.0	85.5	77.2
<b>Incontinence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		109	86.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.		5	4.0	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		67	53.2	49.6	37.7
completely bedfast residents.		10	7.9	4.5	3.4
Residents confined to chairs.		99	78.6	65.6	50.8
Residents requiring restraints.		113	89.7	55.4	41.3
Confused or disoriented residents.		101	80.2	67.0	58.4
Residents with bed sores.		5	4.0	9.0	7.1
Residents receiving special skin care.		126	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## BRIAN CTR OF HLTH&RET/LINCOLNTON

<b>Street Address:</b>		<b>City and State:</b>	
816 S ASPEN ST		LINCOLNTON NC 28092	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	54	PROPRIETARY	08/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
52	0	42	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	98.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	49	94.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	96.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	50	96.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	53.8	49.6	37.7
<b>Completely bedfast residents.</b>	2	3.8	4.5	3.4
<b>Residents confined to chairs.</b>	26	50.0	65.6	50.8
<b>Residents requiring restraints.</b>	24	46.2	55.4	41.3
<b>Confused or disoriented residents.</b>	24	46.2	67.0	58.4
<b>Residents with bed sores.</b>	8	15.4	9.0	7.1
<b>Residents receiving special skin care.</b>	16	30.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LINCOLN NURSING CENTER INC

<b>Street Address:</b>		<b>City and State:</b>	
1419 EAST GASTON ST		LINCOLNTON NC 28093	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	08/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
108	2	78		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	108	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	105	97.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	85.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	85.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	102	94.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	80	74.1	49.6	37.7
<b>Completely bedfast residents.</b>	6	5.6	4.5	3.4
<b>Residents confined to chairs.</b>	55	50.9	65.6	50.8
<b>Residents requiring restraints.</b>	76	70.4	55.4	41.3
<b>Confused or disoriented residents.</b>	100	92.6	67.0	58.4
<b>Residents with bed sores.</b>	11	10.2	9.0	7.1
<b>Residents receiving special skin care.</b>	56	51.9	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LOUISBURG NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
202 SMOKE TREE WAY BOX 759		LOUISBURG NC 27549	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	92	PROPRIETARY	07/28/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
92	0	71			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	84	91.3	82.4	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	90	97.8	84.4	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	70	76.1	72.0	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	85.9	77.7	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	70	76.1	64.6	59.1	
Residents on individually written bowel and bladder retraining program.	6	6.5	4.2	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	50	54.3	33.4	29.3	
Completely bedfast residents.	1	1.1	2.5	3.6	
Residents confined to chairs.	84	91.3	50.7	39.1	
Residents requiring restraints.	54	58.7	41.5	31.7	
Confused or disoriented residents.	55	59.8	57.2	55.8	
Residents with bed sores.	6	6.5	3.9	4.7	
Residents receiving special skin care.	92	100	27.5	24.0	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE KINGSDALE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1555 WILLIS AVENUE		LUMBERTON NC 28358	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	05/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
125	1	94			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		109	87.2	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		122	97.6	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		106	84.8	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		93	74.4	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		77	61.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.		4	3.2	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		55	44.0	49.6	37.7
<b>Completely bedfast residents.</b>		0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>		69	55.2	65.6	50.8
<b>Residents requiring restraints.</b>		0	0.0	55.4	41.3
<b>Confused or disoriented residents.</b>		65	52.0	67.0	58.4
<b>Residents with bed sores.</b>		5	4.0	9.0	7.1
<b>Residents receiving special skin care.</b>		13	10.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORTH CAROLINA CANCER INSTITUTE

<b>Street Address:</b> HWY 711 BOX 1445		<b>City and State:</b> LUMBERTON NC 28359	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 52	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 02/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 52	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 45
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	90.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	96.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	96.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	96.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	90.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	5	9.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	46	88.5	49.6	37.7
<b>Completely bedfast residents.</b>	13	25.0	4.5	3.4
<b>Residents confined to chairs.</b>	39	75.0	65.6	50.8
<b>Residents requiring restraints.</b>	34	65.4	55.4	41.3
<b>Confused or disoriented residents.</b>	15	28.8	67.0	58.4
<b>Residents with bed sores.</b>	18	34.6	9.0	7.1
<b>Residents receiving special skin care.</b>	0	0.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SOUTHEASTERN GENERAL HOSP-

<b>Street Address:</b>		<b>City and State:</b>	
1150 PINE RUN DRIVE		LUMBERTON NC 28358	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	80	NON-PROFIT PRIVATE	05/03/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
78	0	73			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		77	98.7	87.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		77	98.7	91.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		77	98.7	85.2	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		77	98.7	85.5	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		54	69.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		75	96.2	49.6	37.7
Completely bedfast residents.		1	1.3	4.5	3.4
Residents confined to chairs.		77	98.7	65.6	50.8
Residents requiring restraints.		76	97.4	55.4	41.3
Confused or disoriented residents.		77	98.7	67.0	58.4
Residents with bed sores.		12	15.4	9.0	7.1
Residents receiving special skin care.		74	94.9	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WESLEY PINES

<b>Street Address:</b>		<b>City and State:</b>	
100 WESLEY PINES RD		LUMBERTON NC 28358	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	41	NON-PROFIT RELIGIOUS	07/07/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
41	0	19		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	92.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	92.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	80.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	80.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	24	58.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	29.3	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	25	61.0	65.6	50.8
<b>Residents requiring restraints.</b>	22	53.7	55.4	41.3
<b>Confused or disoriented residents.</b>	22	53.7	67.0	58.4
<b>Residents with bed sores.</b>	0	0.0	9.0	7.1
<b>Residents receiving special skin care.</b>	4	9.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OF MADISON

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 2 BOX 886 BAGGAGE RD		MADISON NC 27025	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	07/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
92	0	87	

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	91.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	83.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	71.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	75.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	69.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	54	58.7	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	64	69.6	65.6	50.8
<b>Residents requiring restraints.</b>	60	65.2	55.4	41.3
<b>Confused or disoriented residents.</b>	70	76.1	67.0	58.4
<b>Residents with bed sores.</b>	6	6.5	9.0	7.1
<b>Residents receiving special skin care.</b>	37	40.2	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE AUTUMN CARE OF MARION

<b>Street Address:</b> 610 AIRPORT RD		<b>City and State:</b> MARION NC 28752	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 80	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/27/88

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
79	1	69			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		74	93.7	87.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		78	98.7	91.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		67	84.8	85.2	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		71	89.9	85.5	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		69	87.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.		1	1.3	3.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		44	55.7	49.6	37.7
Completely bedfast residents.		0	0.0	4.5	3.4
Residents confined to chairs.		58	73.4	65.6	50.8
Residents requiring restraints.		56	70.9	55.4	41.3
Confused or disoriented residents.		57	72.2	67.0	58.4
Residents with bed sores.		3	3.8	9.0	7.1
Residents receiving special skin care.		79	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MADISON MANOR NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
50 MANOR RD		MARS HILL NC 28754	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	05/04/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
97	1	72		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	83	85.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	90.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	85.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	80.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	78.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	8	8.2	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	39.2	49.6	37.7
<b>Completely bedfast residents.</b>	2	2.1	4.5	3.4
<b>Residents confined to chairs.</b>	58	59.8	65.6	50.8
<b>Residents requiring restraints.</b>	40	41.2	55.4	41.3
<b>Confused or disoriented residents.</b>	66	68.0	67.0	58.4
<b>Residents with bed sores.</b>	9	9.3	9.0	7.1
<b>Residents receiving special skin care.</b>	95	97.9	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AUTUMN CARE OF MARSHVILLE

<b>Street Address:</b> 311 W PHIFER ST BOX 608		<b>City and State:</b> MARSHVILLE NC 28103	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 80	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 77		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 53			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				70	90.9	87.0	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				69	89.6	91.4	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				69	89.6	85.2	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				70	90.9	85.5	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				77	100	78.5	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	3.4	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				44	57.1	49.6	37.7
<b>Completely bedfast residents.</b>				5	6.5	4.5	3.4
<b>Residents confined to chairs.</b>				44	57.1	65.6	50.8
<b>Residents requiring restraints.</b>				48	62.3	55.4	41.3
<b>Confused or disoriented residents.</b>				44	57.1	67.0	58.4
<b>Residents with bed sores.</b>				14	18.2	9.0	7.1
<b>Residents receiving special skin care.</b>				14	18.2	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## THE PRESBYTERIAN HOME OF HAWFIELDS INC

<b>Street Address:</b>		<b>City and State:</b>	
RT 1 BOX 193 HIGHWAY 119		MEBANE NC 27302	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	68	NON-PROFIT PRIVATE	01/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
68	0	35		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	47.1	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	58.8	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	61.8	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	76.5	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	51.5	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	13.2	33.4	29.3
<b>Completely bedfast residents.</b>	1	1.5	2.5	3.6
<b>Residents confined to chairs.</b>	45	66.2	50.7	39.1
<b>Residents requiring restraints.</b>	18	26.5	41.5	31.7
<b>Confused or disoriented residents.</b>	28	41.2	57.2	55.8
<b>Residents with bed sores.</b>	2	2.9	3.9	4.7
<b>Residents receiving special skin care.</b>	2	2.9	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AUTUMN CARE OF MOCKSVILLE

<b>Street Address:</b> 1007 HOWARD ST		<b>City and State:</b> MOCKSVILLE NC 27028	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 77	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/05/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
77	0	59			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		63	81.8	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		68	88.3	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		66	85.7	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		65	84.4	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		65	84.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.		1	1.3	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		40	51.9	49.6	37.7
<b>Completely bedfast residents.</b>		6	7.8	4.5	3.4
<b>Residents confined to chairs.</b>		36	46.8	65.6	50.8
<b>Residents requiring restraints.</b>		52	67.5	55.4	41.3
<b>Confused or disoriented residents.</b>		54	70.1	67.0	58.4
<b>Residents with bed sores.</b>		3	3.9	9.0	7.1
<b>Residents receiving special skin care.</b>		25	32.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GUARDIAN CARE OF MONROE

<b>Street Address:</b>		<b>City and State:</b>	
1212 SUNSET DR		MONROE NC 28110	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	134	PROPRIETARY	04/14/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
128	0	87		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	75.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	84.4	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	108	84.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	82.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	99	77.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	46.9	49.6	37.7
<b>Completely bedfast residents.</b>	19	14.8	4.5	3.4
<b>Residents confined to chairs.</b>	67	52.3	65.6	50.8
<b>Residents requiring restraints.</b>	52	40.6	55.4	41.3
<b>Confused or disoriented residents.</b>	77	60.2	67.0	58.4
<b>Residents with bed sores.</b>	9	7.0	9.0	7.1
<b>Residents receiving special skin care.</b>	16	12.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE UNION MEMORIAL HOSPITAL SNF/ICF

<b>Street Address:</b> 600 HOSPITAL DRIVE		<b>City and State:</b> MONROE NC 28110	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 66	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 12/10/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 66		<b>Medicare Residents:</b> 1		<b>Medicaid Residents:</b> 50	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		61	92.4	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		64	97.0	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		62	93.9	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		63	95.5	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		58	87.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		45	68.2	49.6	37.7
Completely bedfast residents.		7	10.6	4.5	3.4
Residents confined to chairs.		50	75.8	65.6	50.8
Residents requiring restraints.		28	42.4	55.4	41.3
Confused or disoriented residents.		52	78.8	67.0	58.4
Residents with bed sores.		7	10.6	9.0	7.1
Residents receiving special skin care.		8	12.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRIAN CENTER OF NURSING CARE

<b>Street Address:</b>		<b>City and State:</b>	
752 E CENTER AVE		MOORESVILLE NC 28115	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	07/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
99	2	74		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	86.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	85.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	76.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	76.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	71.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	48.5	49.6	37.7
<b>Completely bedfast residents.</b>	3	3.0	4.5	3.4
<b>Residents confined to chairs.</b>	82	82.8	65.6	50.8
<b>Residents requiring restraints.</b>	56	56.6	55.4	41.3
<b>Confused or disoriented residents.</b>	71	71.7	67.0	58.4
<b>Residents with bed sores.</b>	2	2.0	9.0	7.1
<b>Residents receiving special skin care.</b>	74	74.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HARBORVIEW HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
812 SHEPARD ST		MOREHEAD CITY NC 28557	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	62	PROPRIETARY	12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
62	2	60		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	82.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	82.3	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	80.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	80.6	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	64.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	4.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	48.4	49.6	37.7
<b>Completely bedfast residents.</b>	10	16.1	4.5	3.4
<b>Residents confined to chairs.</b>	35	56.5	65.6	50.8
<b>Residents requiring restraints.</b>	27	43.5	55.4	41.3
<b>Confused or disoriented residents.</b>	34	54.8	67.0	58.4
<b>Residents with bed sores.</b>	10	16.1	9.0	7.1
<b>Residents receiving special skin care.</b>	31	50.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MOREHEAD NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
PENNY LANE BOX 728		MOREHEAD CITY NC 28557	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	92	PROPRIETARY	12/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
86	0	75

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	83.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	97.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	90.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	87.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	79.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	33.7	49.6	37.7
<b>Completely bedfast residents.</b>	9	10.5	4.5	3.4
<b>Residents confined to chairs.</b>	72	83.7	65.6	50.8
<b>Residents requiring restraints.</b>	70	81.4	55.4	41.3
<b>Confused or disoriented residents.</b>	16	18.6	67.0	58.4
<b>Residents with bed sores.</b>	26	30.2	9.0	7.1
<b>Residents receiving special skin care.</b>	70	81.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OF MORGANTON

<b>Street Address:</b>		<b>City and State:</b>	
107 MAGNOLIA DR		MORGANTON NC 28655	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	91	PROPRIETARY	03/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
88	0	78		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	88.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	88.6	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	84.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	83.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	84.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	8	9.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	39.8	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	61	69.3	65.6	50.8
<b>Residents requiring restraints.</b>	58	65.9	55.4	41.3
<b>Confused or disoriented residents.</b>	55	62.5	67.0	58.4
<b>Residents with bed sores.</b>	9	10.2	9.0	7.1
<b>Residents receiving special skin care.</b>	17	19.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BROUGHTON HOSPITAL ICF

<b>Street Address:</b>		<b>City and State:</b>	
1000 SOUTH STERLING ST		MORGANTON NC 28655	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	30	STATE GOVERNMENT	02/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
26	0	26

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	100	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	100	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	15	57.7	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	15	57.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	23.1	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	2	7.7	50.7	39.1
<b>Residents requiring restraints.</b>	0	0.0	41.5	31.7
<b>Confused or disoriented residents.</b>	20	76.9	57.2	55.8
<b>Residents with bed sores.</b>	0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>	26	100	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE PINNACLE CARE CENTER

<b>Street Address:</b> 109 FOOTHILLS DRIVE		<b>City and State:</b> MORGANTON NC 28655	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/09/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 118	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 89	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	75.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	86.4	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	79.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	81.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	87	73.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	12	10.2	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	44.1	49.6	37.7
<b>Completely bedfast residents.</b>	6	5.1	4.5	3.4
<b>Residents confined to chairs.</b>	91	77.1	65.6	50.8
<b>Residents requiring restraints.</b>	57	48.3	55.4	41.3
<b>Confused or disoriented residents.</b>	51	43.2	67.0	58.4
<b>Residents with bed sores.</b>	8	6.8	9.0	7.1
<b>Residents receiving special skin care.</b>	32	27.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORTHERN SURRY SNF

<b>Street Address:</b>		<b>City and State:</b>	
830 ROCKFORD STREET		MOUNT AIRY NC 27030	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	13	LOCAL GOVERNMENT	05/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
4	0	4

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	4	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	4	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	4	100	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	2	50.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	2	50.0	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	2	50.0	65.6	50.8
<b>Residents requiring restraints.</b>	1	25.0	55.4	41.3
<b>Confused or disoriented residents.</b>	2	50.0	67.0	58.4
<b>Residents with bed sores.</b>	1	25.0	9.0	7.1
<b>Residents receiving special skin care.</b>	1	25.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SURRY COMMUNITY NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
542 ALLRED MILL ROAD		MOUNT AIRY NC 27030	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
119	5	89

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	118	99.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	97.5	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	113	95.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	89.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	94	79.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	70	58.8	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	83	69.7	65.6	50.8
<b>Residents requiring restraints.</b>	83	69.7	55.4	41.3
<b>Confused or disoriented residents.</b>	88	73.9	67.0	58.4
<b>Residents with bed sores.</b>	13	10.9	9.0	7.1
<b>Residents receiving special skin care.</b>	35	29.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEDICAL PARK NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
228 SMITH CHAPEL RD BOX 329		MOUNT OLIVE NC 28365	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
150	0	127	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	142	94.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	144	96.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	146	97.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	96.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	140	93.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	90	60.0	49.6	37.7
<b>Completely bedfast residents.</b>	3	2.0	4.5	3.4
<b>Residents confined to chairs.</b>	100	66.7	65.6	50.8
<b>Residents requiring restraints.</b>	109	72.7	55.4	41.3
<b>Confused or disoriented residents.</b>	117	78.0	67.0	58.4
<b>Residents with bed sores.</b>	9	6.0	9.0	7.1
<b>Residents receiving special skin care.</b>	60	40.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE MURPHY MEDICAL CENTER**

<b>Street Address:</b>		<b>City and State:</b>	
2002 HWY 64 E		MURPHY NC 28906	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	12/16/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
115	0		100	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	114	99.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	87.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	80.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	82.6	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	86	74.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	59	51.3	49.6	37.7
<b>Completely bedfast residents.</b>	2	1.7	4.5	3.4
<b>Residents confined to chairs.</b>	88	76.5	65.6	50.8
<b>Residents requiring restraints.</b>	69	60.0	55.4	41.3
<b>Confused or disoriented residents.</b>	108	93.9	67.0	58.4
<b>Residents with bed sores.</b>	17	14.8	9.0	7.1
<b>Residents receiving special skin care.</b>	36	31.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OUTER BANKS

<b>Street Address:</b>		<b>City and State:</b>	
430 WEST HEALTH CENTER DR		NAGS HEAD NC 27959	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	96	PROPRIETARY	10/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
94	0	83		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	87.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	88.3	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	76.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	83.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	46.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	36.2	49.6	37.7
<b>Completely bedfast residents.</b>	9	9.6	4.5	3.4
<b>Residents confined to chairs.</b>	54	57.4	65.6	50.8
<b>Residents requiring restraints.</b>	61	64.9	55.4	41.3
<b>Confused or disoriented residents.</b>	56	59.6	67.0	58.4
<b>Residents with bed sores.</b>	8	8.5	9.0	7.1
<b>Residents receiving special skin care.</b>	41	43.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## MCDOWELL NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 3 BOX 270		NEBO NC 28761	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	01/27/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
97	0	97	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	76.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	93.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	79	81.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	83.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	82.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	5	5.2	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	29.9	49.6	37.7
<b>Completely bedfast residents.</b>	3	3.1	4.5	3.4
<b>Residents confined to chairs.</b>	54	55.7	65.6	50.8
<b>Residents requiring restraints.</b>	66	68.0	55.4	41.3
<b>Confused or disoriented residents.</b>	76	78.4	67.0	58.4
<b>Residents with bed sores.</b>	7	7.2	9.0	7.1
<b>Residents receiving special skin care.</b>	32	33.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OF NEW BERN

<b>Street Address:</b>		<b>City and State:</b>	
2600 OLD CHERRY POINT ROAD		NEW BERN NC 28560	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	60	PROPRIETARY	04/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
59	0	59	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	86.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	88.1	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	91.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	89.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	88.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	6.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	64.4	49.6	37.7
<b>Completely bedfast residents.</b>	2	3.4	4.5	3.4
<b>Residents confined to chairs.</b>	50	84.7	65.6	50.8
<b>Residents requiring restraints.</b>	50	84.7	55.4	41.3
<b>Confused or disoriented residents.</b>	54	91.5	67.0	58.4
<b>Residents with bed sores.</b>	13	22.0	9.0	7.1
<b>Residents receiving special skin care.</b>	22	37.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GUARDIAN CARE OF NEW BERN INC

<b>Street Address:</b>		<b>City and State:</b>	
836 HOSPITAL DR		NEW BERN NC 28560	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	116	PROPRIETARY	04/20/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
114	0	103		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	82.5	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	86.8	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	78.1	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	78.9	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	81	71.1	64.6	59.1
Residents on individually written bowel and bladder retraining program.	8	7.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	32.5	33.4	29.3
<b>Completely bedfast residents.</b>	2	1.8	2.5	3.6
<b>Residents confined to chairs.</b>	74	64.9	50.7	39.1
<b>Residents requiring restraints.</b>	68	59.6	41.5	31.7
<b>Confused or disoriented residents.</b>	76	66.7	57.2	55.8
<b>Residents with bed sores.</b>	13	11.4	3.9	4.7
<b>Residents receiving special skin care.</b>	43	37.7	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## THE UNITED CHURCH RETIREMENT HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
102 LEONARD AVE		NEWTON NC 28658	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	98	NON-PROFIT RELIGIOUS	12/31/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
95	0	46

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	85.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	95.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	74.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	72.6	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	74.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	42.1	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.1	4.5	3.4
<b>Residents confined to chairs.</b>	66	69.5	65.6	50.8
<b>Residents requiring restraints.</b>	56	58.9	55.4	41.3
<b>Confused or disoriented residents.</b>	72	75.8	67.0	58.4
<b>Residents with bed sores.</b>	0	0.0	9.0	7.1
<b>Residents receiving special skin care.</b>	21	22.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## LOUISE PARHAM HEALTH CARE COMPLEX

<b>Street Address:</b>		<b>City and State:</b>	
PROSPECT AVE BOX 986		OXFORD NC 27565	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
12	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	12	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	12	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	12	100	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	12	100	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	100	49.6	37.7
<b>Completely bedfast residents.</b>	1	8.3	4.5	3.4
<b>Residents confined to chairs.</b>	11	91.7	65.6	50.8
<b>Residents requiring restraints.</b>	12	100	55.4	41.3
<b>Confused or disoriented residents.</b>	11	91.7	67.0	58.4
<b>Residents with bed sores.</b>	3	25.0	9.0	7.1
<b>Residents receiving special skin care.</b>	12	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE MANOR CARE PINEHURST INC**

<b>Street Address:</b>		<b>City and State:</b>	
HWY 211 & RATTLESNAKE TR		PINEHURST NC 28374	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/04/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
107	5	67

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	95	88.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	89.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	88.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	84.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	91	85.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	66	61.7	49.6	37.7
<b>Completely bedfast residents.</b>	7	6.5	4.5	3.4
<b>Residents confined to chairs.</b>	69	64.5	65.6	50.8
<b>Residents requiring restraints.</b>	30	28.0	55.4	41.3
<b>Confused or disoriented residents.</b>	58	54.2	67.0	58.4
<b>Residents with bed sores.</b>	5	4.7	9.0	7.1
<b>Residents receiving special skin care.</b>	7	6.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## PINEHURST NURSING CENTER INC

<b>Street Address:</b>		<b>City and State:</b>	
HWY 5 SOUTH BOX 1179		PINEHURST NC 28374	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	64	PROPRIETARY	10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
59	0	56			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		46	78.0	82.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		52	88.1	84.4	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		47	79.7	72.0	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		53	89.8	77.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		44	74.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.		4	6.8	4.2	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		21	35.6	33.4	29.3
<b>Completely bedfast residents.</b>		2	3.4	2.5	3.6
<b>Residents confined to chairs.</b>		29	49.2	50.7	39.1
<b>Residents requiring restraints.</b>		34	57.6	41.5	31.7
<b>Confused or disoriented residents.</b>		41	69.5	57.2	55.8
<b>Residents with bed sores.</b>		6	10.2	3.9	4.7
<b>Residents receiving special skin care.</b>		7	11.9	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CLAPPS NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
4558 PLEASANT GARDEN RD		PLEASANT GARDEN NC 27313	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	28	PROPRIETARY	07/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
26	0	3	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	100	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	100	78.5	68.2
Residents on individually written bowel and bladder retraining program.	5	19.2	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	73.1	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	16	61.5	65.6	50.8
<b>Residents requiring restraints.</b>	23	88.5	55.4	41.3
<b>Confused or disoriented residents.</b>	23	88.5	67.0	58.4
<b>Residents with bed sores.</b>	5	19.2	9.0	7.1
<b>Residents receiving special skin care.</b>	7	26.9	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE PLUMBLEE NURSING CENTER**

<b>Street Address:</b>		<b>City and State:</b>	
HIGHWAY 64 MEDICAL PLAZA		PLYMOUTH NC 27962	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	02/05/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
41	0	34

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	33	80.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	95.1	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	95.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	63.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	65.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	14	34.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	46.3	49.6	37.7
<b>Completely bedfast residents.</b>	1	2.4	4.5	3.4
<b>Residents confined to chairs.</b>	17	41.5	65.6	50.8
<b>Residents requiring restraints.</b>	21	51.2	55.4	41.3
<b>Confused or disoriented residents.</b>	28	68.3	67.0	58.4
<b>Residents with bed sores.</b>	3	7.3	9.0	7.1
<b>Residents receiving special skin care.</b>	8	19.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BLUE RIDGE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
3830 BLUE RIDGE RD		RALEIGH NC 27612	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	138	PROPRIETARY	03/04/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
20	0	20

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	20	100	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	19	95.0	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	18	90.0	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	90.0	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	85.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	50.0	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	13	65.0	50.7	39.1
<b>Residents requiring restraints.</b>	8	40.0	41.5	31.7
<b>Confused or disoriented residents.</b>	15	75.0	57.2	55.8
<b>Residents with bed sores.</b>	0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>	4	20.0	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRIAN CENTER OF RALEIGH

<b>Street Address:</b>		<b>City and State:</b>	
3000 HOLSTON LANE		RALEIGH NC 27610	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	03/31/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
123	0	110

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	104	84.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	115	93.5	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	109	88.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	90.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	94	76.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	84	68.3	49.6	37.7
<b>Completely bedfast residents.</b>	4	3.3	4.5	3.4
<b>Residents confined to chairs.</b>	74	60.2	65.6	50.8
<b>Residents requiring restraints.</b>	59	48.0	55.4	41.3
<b>Confused or disoriented residents.</b>	70	56.9	67.0	58.4
<b>Residents with bed sores.</b>	7	5.7	9.0	7.1
<b>Residents receiving special skin care.</b>	30	24.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF RALEIGH

<b>Street Address:</b>		<b>City and State:</b>	
3609 BOND ST		RALEIGH NC 27604	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/05/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
120	0	110

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	115	95.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	120	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	110	91.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	91.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	112	93.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	92	76.7	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	102	85.0	65.6	50.8
<b>Residents requiring restraints.</b>	76	63.3	55.4	41.3
<b>Confused or disoriented residents.</b>	98	81.7	67.0	58.4
<b>Residents with bed sores.</b>	13	10.8	9.0	7.1
<b>Residents receiving special skin care.</b>	68	56.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HILLHAVEN CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
616 WADE AVE		RALEIGH NC 27605	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	174	PROPRIETARY	08/05/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
170		18		91	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		159	93.5	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		169	99.4	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		142	83.5	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		139	81.8	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		111	65.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.		14	8.2	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		61	35.9	49.6	37.7
<b>Completely bedfast residents.</b>		12	7.1	4.5	3.4
<b>Residents confined to chairs.</b>		85	50.0	65.6	50.8
<b>Residents requiring restraints.</b>		44	25.9	55.4	41.3
<b>Confused or disoriented residents.</b>		76	44.7	67.0	58.4
<b>Residents with bed sores.</b>		35	20.6	9.0	7.1
<b>Residents receiving special skin care.</b>		102	60.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## HILLHAVEN SUNNYBROOK CONV CENTER

<b>Street Address:</b>		<b>City and State:</b>	
25 SUNNYBROOK RD		RALEIGH NC 27610	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	126	PROPRIETARY	09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
124		0		96	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		109	87.9	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		113	91.1	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		111	89.5	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		113	91.1	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		89	71.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.		2	1.6	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		34	27.4	49.6	37.7
<b>Completely bedfast residents.</b>		1	0.8	4.5	3.4
<b>Residents confined to chairs.</b>		98	79.0	65.6	50.8
<b>Residents requiring restraints.</b>		68	54.8	55.4	41.3
<b>Confused or disoriented residents.</b>		72	58.1	67.0	58.4
<b>Residents with bed sores.</b>		4	3.2	9.0	7.1
<b>Residents receiving special skin care.</b>		15	12.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MAYVIEW CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
513 E WHITAKER MILL RD		RALEIGH NC 27608	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	139	PROPRIETARY	10/27/87

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
38	1	29			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		28	73.7	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		34	89.5	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		33	86.8	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	89.5	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		30	78.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.		1	2.6	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		33	86.8	49.6	37.7
<b>Completely bedfast residents.</b>		2	5.3	4.5	3.4
<b>Residents confined to chairs.</b>		34	89.5	65.6	50.8
<b>Residents requiring restraints.</b>		10	26.3	55.4	41.3
<b>Confused or disoriented residents.</b>		25	65.8	67.0	58.4
<b>Residents with bed sores.</b>		3	7.9	9.0	7.1
<b>Residents receiving special skin care.</b>		8	21.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ANNIE PENN MEMORIAL HOSPITAL SNF

<b>Street Address:</b>		<b>City and State:</b>	
618 S MAIN ST		REIDSVILLE NC 27320	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	42	NON-PROFIT PRIVATE	11/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
40	0	27

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	34	85.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	95.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	95.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	82.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	80.0	49.6	37.7
<b>Completely bedfast residents.</b>	7	17.5	4.5	3.4
<b>Residents confined to chairs.</b>	22	55.0	65.6	50.8
<b>Residents requiring restraints.</b>	6	15.0	55.4	41.3
<b>Confused or disoriented residents.</b>	36	90.0	67.0	58.4
<b>Residents with bed sores.</b>	4	10.0	9.0	7.1
<b>Residents receiving special skin care.</b>	40	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MAPLEWOOD NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
543 MAPLE AVENUE		REIDSVILLE NC 27320	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	06/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
108	0	93		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		104	96.3	87.0
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		100	92.6	91.4
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		87	80.6	85.2
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		81	75.0	85.5
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		61	56.5	78.5
Residents on individually written bowel and bladder retraining program.		3	2.8	3.4
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		39	36.1	49.6
Completely bedfast residents.		1	0.9	4.5
Residents confined to chairs.		76	70.4	65.6
Residents requiring restraints.		34	31.5	55.4
Confused or disoriented residents.		60	55.6	67.0
Residents with bed sores.		19	17.6	9.0
Residents receiving special skin care.		93	86.1	40.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ROANOKE VALLEY NH INC

<b>Street Address:</b>		<b>City and State:</b>	
NORTH MAIN ST		RICH SQUARE NC 27869	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	69	PROPRIETARY	02/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
60	0	47		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	83.3	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	86.7	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	52	86.7	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	83.3	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	73.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.	44	73.3	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	68.3	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	42	70.0	50.7	39.1
<b>Residents requiring restraints.</b>	35	58.3	41.5	31.7
<b>Confused or disoriented residents.</b>	0	0.0	57.2	55.8
<b>Residents with bed sores.</b>	0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>	2	3.3	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GUARDIAN CARE OF ROANOKE RAPIDS

<b>Street Address:</b> 305 14TH ST		<b>City and State:</b> ROANOKE RAPIDS NC 27870	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 110	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 109		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 70	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		99	90.8	82.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		96	88.1	84.4	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		83	76.1	72.0	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		109	100	77.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		70	64.2	64.6	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	4.2	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		36	33.0	33.4	29.3
<b>Completely bedfast residents.</b>		2	1.8	2.5	3.6
<b>Residents confined to chairs.</b>		45	41.3	50.7	39.1
<b>Residents requiring restraints.</b>		29	26.6	41.5	31.7
<b>Confused or disoriented residents.</b>		51	46.8	57.2	55.8
<b>Residents with bed sores.</b>		7	6.4	3.9	4.7
<b>Residents receiving special skin care.</b>		25	22.9	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COUNTRY VILLA

<b>Street Address:</b>		<b>City and State:</b>	
804 LONG DR		ROCKINGHAM NC 28379	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	09/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
115	0	88

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	80	69.6	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	78.3	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	51.3	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	60.0	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	50.4	64.6	59.1
Residents on individually written bowel and bladder retraining program.	4	3.5	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	23.5	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	48	41.7	50.7	39.1
<b>Residents requiring restraints.</b>	45	39.1	41.5	31.7
<b>Confused or disoriented residents.</b>	57	49.6	57.2	55.8
<b>Residents with bed sores.</b>	2	1.7	3.9	4.7
<b>Residents receiving special skin care.</b>	7	6.1	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## GUARDIAN CARE OF ROCKY MOUNT

<b>Street Address:</b>		<b>City and State:</b>	
160 WINSTEAD AVE		ROCKY MOUNT NC 27804	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	118	PROPRIETARY	12/01/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
116	4	61			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	54	46.6	87.0	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	100	86.2	91.4	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	84	72.4	85.2	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	70.7	85.5	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	80	69.0	78.5	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	33	28.4	49.6	37.7	
Completely bedfast residents.	1	0.9	4.5	3.4	
Residents confined to chairs.	65	56.0	65.6	50.8	
Residents requiring restraints.	60	51.7	55.4	41.3	
Confused or disoriented residents.	75	64.7	67.0	58.4	
Residents with bed sores.	2	1.7	9.0	7.1	
Residents receiving special skin care.	5	4.3	40.2	31.2	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WESTGATE NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2221 RALEIGH RD		ROCKY MOUNT NC 27803	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
99	2	87	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	90	90.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	90.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	85	85.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	71.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	33.3	49.6	37.7
<b>Completely bedfast residents.</b>	7	7.1	4.5	3.4
<b>Residents confined to chairs.</b>	65	65.7	65.6	50.8
<b>Residents requiring restraints.</b>	45	45.5	55.4	41.3
<b>Confused or disoriented residents.</b>	71	71.7	67.0	58.4
<b>Residents with bed sores.</b>	7	7.1	9.0	7.1
<b>Residents receiving special skin care.</b>	39	39.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE REGINALD L HARRIS ANNEX

<b>Street Address:</b> 615 RIDGE RD		<b>City and State:</b> ROXBORO NC 27573	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 23	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 09/16/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 23	<b>Medicare Residents:</b> 5	<b>Medicaid Residents:</b> 11
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	23	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	23	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	100	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	100	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	4.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	82.6	49.6	37.7
<b>Completely bedfast residents.</b>	9	39.1	4.5	3.4
<b>Residents confined to chairs.</b>	12	52.2	65.6	50.8
<b>Residents requiring restraints.</b>	2	8.7	55.4	41.3
<b>Confused or disoriented residents.</b>	21	91.3	67.0	58.4
<b>Residents with bed sores.</b>	3	13.0	9.0	7.1
<b>Residents receiving special skin care.</b>	1	4.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ROXBORO NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
901 RIDGE RD		ROXBORO NC 27573	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	92	PROPRIETARY	02/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
91	0	80

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	90.1	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	81	89.0	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	76.9	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	67.0	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	73.6	64.6	59.1
Residents on individually written bowel and bladder retraining program.	2	2.2	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	29.7	33.4	29.3
<b>Completely bedfast residents.</b>	1	1.1	2.5	3.6
<b>Residents confined to chairs.</b>	38	41.8	50.7	39.1
<b>Residents requiring restraints.</b>	45	49.5	41.5	31.7
<b>Confused or disoriented residents.</b>	71	78.0	57.2	55.8
<b>Residents with bed sores.</b>	3	3.3	3.9	4.7
<b>Residents receiving special skin care.</b>	28	30.8	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RUTHERFORD CO CONVALESCENT CENTER

<b>Street Address:</b> RT 2 AIRPORT RD BOX 39 A		<b>City and State:</b> RUTHERFORDTON NC 28139	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 49		<b>Medicare Residents:</b> 3		<b>Medicaid Residents:</b> 39			
				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				47	95.9	87.0	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				48	98.0	91.4	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				48	98.0	85.2	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				48	98.0	85.5	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				47	95.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.				3	6.1	3.4	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				46	93.9	49.6	37.7
<b>Completely bedfast residents.</b>				0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>				38	77.6	65.6	50.8
<b>Residents requiring restraints.</b>				47	95.9	55.4	41.3
<b>Confused or disoriented residents.</b>				48	98.0	67.0	58.4
<b>Residents with bed sores.</b>				5	10.2	9.0	7.1
<b>Residents receiving special skin care.</b>				46	93.9	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RUTHERFORD NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
TRYON & CLUBHOUSE RD BOX 1000		RUTHERFORDTON NC 28139	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	03/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
141	0	129	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	117	83.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	128	90.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	117	83.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	84.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	116	82.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	63	44.7	49.6	37.7
<b>Completely bedfast residents.</b>	2	1.4	4.5	3.4
<b>Residents confined to chairs.</b>	117	83.0	65.6	50.8
<b>Residents requiring restraints.</b>	99	70.2	55.4	41.3
<b>Confused or disoriented residents.</b>	83	58.9	67.0	58.4
<b>Residents with bed sores.</b>	10	7.1	9.0	7.1
<b>Residents receiving special skin care.</b>	31	22.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AUTUMN CARE OF SALISBURY

<b>Street Address:</b>		<b>City and State:</b>	
1505 BRINGLE FERRY ROAD		SALISBURY NC 28144	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	67	PROPRIETARY	03/30/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
66	1	34		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	93.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	81.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	81.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	81.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	83.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	4.5	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	16.7	49.6	37.7
<b>Completely bedfast residents.</b>	6	9.1	4.5	3.4
<b>Residents confined to chairs.</b>	19	28.8	65.6	50.8
<b>Residents requiring restraints.</b>	9	13.6	55.4	41.3
<b>Confused or disoriented residents.</b>	14	21.2	67.0	58.4
<b>Residents with bed sores.</b>	10	15.2	9.0	7.1
<b>Residents receiving special skin care.</b>	15	22.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JO LENES NH

<b>Street Address:</b> 615 W INNES ST		<b>City and State:</b> SALISBURY NC 28144	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 41	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 41	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 39
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	31	75.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	90.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	80.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	82.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	85.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	61.0	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	13	31.7	65.6	50.8
<b>Residents requiring restraints.</b>	23	56.1	55.4	41.3
<b>Confused or disoriented residents.</b>	25	61.0	67.0	58.4
<b>Residents with bed sores.</b>	3	7.3	9.0	7.1
<b>Residents receiving special skin care.</b>	0	0.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LUTHERAN NH SALISBURY UNIT

<b>Street Address:</b>		<b>City and State:</b>	
820 KLUMAC RD BOX 1310		SALISBURY NC 28144	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	85	NON-PROFIT RELIGIOUS	05/10/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
82	0	47			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		82	100	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		82	100	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		77	93.9	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	91.5	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		76	92.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		68	82.9	49.6	37.7
<b>Completely bedfast residents.</b>		4	4.9	4.5	3.4
<b>Residents confined to chairs.</b>		70	85.4	65.6	50.8
<b>Residents requiring restraints.</b>		24	29.3	55.4	41.3
<b>Confused or disoriented residents.</b>		75	91.5	67.0	58.4
<b>Residents with bed sores.</b>		7	8.5	9.0	7.1
<b>Residents receiving special skin care.</b>		70	85.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ROWAN MANOR INC

<b>Street Address:</b>		<b>City and State:</b>	
635 STATESVILLE BLVD		SALISBURY NC 28144	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	185	PROPRIETARY	02/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
177	0	141

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	166	93.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	172	97.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	161	91.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	93.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	166	93.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	6	3.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	72	40.7	49.6	37.7
<b>Completely bedfast residents.</b>	5	2.8	4.5	3.4
<b>Residents confined to chairs.</b>	74	41.8	65.6	50.8
<b>Residents requiring restraints.</b>	45	25.4	55.4	41.3
<b>Confused or disoriented residents.</b>	161	91.0	67.0	58.4
<b>Residents with bed sores.</b>	13	7.3	9.0	7.1
<b>Residents receiving special skin care.</b>	70	39.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE AUTUMN CARE OF SALUDA

<b>Street Address:</b>		<b>City and State:</b>	
ESSEOLA CIRCLE BOX 488		SALUDA NC 28773	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	59	PROPRIETARY	12/03/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
58	0	41

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	93.1	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	82.8	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	79.3	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	81.0	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	67.2	64.6	59.1
Residents on individually written bowel and bladder retraining program.	2	3.4	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	19.0	33.4	29.3
<b>Completely bedfast residents.</b>	15	25.9	2.5	3.6
<b>Residents confined to chairs.</b>	15	25.9	50.7	39.1
<b>Residents requiring restraints.</b>	31	53.4	41.5	31.7
<b>Confused or disoriented residents.</b>	49	84.5	57.2	55.8
<b>Residents with bed sores.</b>	1	1.7	3.9	4.7
<b>Residents receiving special skin care.</b>	24	41.4	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CONVALESCENT CENTER OF LEE CO INC

<b>Street Address:</b>		<b>City and State:</b>	
714 WESTOVER DRIVE		SANFORD NC 27330	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	06/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
103	0	94		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	95.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	95	92.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	88.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	89.3	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	92	89.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	68	66.0	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	45	43.7	65.6	50.8
<b>Residents requiring restraints.</b>	25	24.3	55.4	41.3
<b>Confused or disoriented residents.</b>	47	45.6	67.0	58.4
<b>Residents with bed sores.</b>	0	0.0	9.0	7.1
<b>Residents receiving special skin care.</b>	50	48.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CONVALESCENT CENTER OF SANFORD INC

<b>Street Address:</b>		<b>City and State:</b>	
4000 FARRELL RD		SANFORD NC 27330	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	02/24/88

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
100	0	88			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		92	92.0	87.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		94	94.0	91.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		91	91.0	85.2	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		90	90.0	85.5	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		85	85.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.		2	2.0	3.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		56	56.0	49.6	37.7
Completely bedfast residents.		0	0.0	4.5	3.4
Residents confined to chairs.		67	67.0	65.6	50.8
Residents requiring restraints.		81	81.0	55.4	41.3
Confused or disoriented residents.		83	83.0	67.0	58.4
Residents with bed sores.		7	7.0	9.0	7.1
Residents receiving special skin care.		50	50.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GUARDIAN CARE OF SCOTLAND NECK INC

<b>Street Address:</b>		<b>City and State:</b>	
1400 JR HIGH SCHOOL RD		SCOTLAND NECK NC 27874	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	62	PROPRIETARY	09/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
61	0	59		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	91.8	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	72.1	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	68.9	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	86.9	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	55.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	4	6.6	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	26.2	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	8	13.1	50.7	39.1
<b>Residents requiring restraints.</b>	15	24.6	41.5	31.7
<b>Confused or disoriented residents.</b>	34	55.7	57.2	55.8
<b>Residents with bed sores.</b>	2	3.3	3.9	4.7
<b>Residents receiving special skin care.</b>	6	9.8	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## SEA LEVEL HOSP AND EXTENDED CARE FAC

<b>Street Address:</b>		<b>City and State:</b>	
HIGHWAY 70 EAST		SEALEVEL NC 28577	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	54	NON-PROFIT RELIGIOUS	03/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
51	0	39

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	47	92.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	92.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	94.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	86.3	49.6	37.7
<b>Completely bedfast residents.</b>	7	13.7	4.5	3.4
<b>Residents confined to chairs.</b>	37	72.5	65.6	50.8
<b>Residents requiring restraints.</b>	13	25.5	55.4	41.3
<b>Confused or disoriented residents.</b>	43	84.3	67.0	58.4
<b>Residents with bed sores.</b>	7	13.7	9.0	7.1
<b>Residents receiving special skin care.</b>	40	78.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MEADOWBROOK MANOR OF SHELBY

<b>Street Address:</b>		<b>City and State:</b>	
1101 N MORGAN ST BOX 2287		SHELBY NC 28150	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	03/24/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
99	0	69	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	86.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	88.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	77	77.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	80.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	74.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	38.4	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	80	80.8	65.6	50.8
<b>Residents requiring restraints.</b>	41	41.4	55.4	41.3
<b>Confused or disoriented residents.</b>	82	82.8	67.0	58.4
<b>Residents with bed sores.</b>	4	4.0	9.0	7.1
<b>Residents receiving special skin care.</b>	60	60.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SHELBY CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
401 N MORGAN ST		SHELBY NC 28150	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	01/13/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
158	0	119

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	134	84.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	151	95.6	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	125	79.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	79.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	34.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	7	4.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	80	50.6	49.6	37.7
<b>Completely bedfast residents.</b>	2	1.3	4.5	3.4
<b>Residents confined to chairs.</b>	111	70.3	65.6	50.8
<b>Residents requiring restraints.</b>	88	55.7	55.4	41.3
<b>Confused or disoriented residents.</b>	80	50.6	67.0	58.4
<b>Residents with bed sores.</b>	4	2.5	9.0	7.1
<b>Residents receiving special skin care.</b>	98	62.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEADOWBROOK MANOR OF SILER CITY

<b>Street Address:</b> 900 W DOLPHIN ST		<b>City and State:</b> SILER CITY NC 27344	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 150	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 123		<b>Medicare Residents:</b> 2		<b>Medicaid Residents:</b> 97			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				119	96.7	87.0	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				121	98.4	91.4	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				115	93.5	85.2	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				121	98.4	85.5	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				112	91.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	3.4	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				59	48.0	49.6	37.7
<b>Completely bedfast residents.</b>				0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>				93	75.6	65.6	50.8
<b>Residents requiring restraints.</b>				76	61.8	55.4	41.3
<b>Confused or disoriented residents.</b>				62	50.4	67.0	58.4
<b>Residents with bed sores.</b>				10	8.1	9.0	7.1
<b>Residents receiving special skin care.</b>				100	81.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN SMITHFIELD

<b>Street Address:</b> 411 BARBOUR RD		<b>City and State:</b> SMITHFIELD NC 27577	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/10/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 120	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 113
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	109	90.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	74	61.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	45.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	82.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	45.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	76	63.3	49.6	37.7
<b>Completely bedfast residents.</b>	7	5.8	4.5	3.4
<b>Residents confined to chairs.</b>	103	85.8	65.6	50.8
<b>Residents requiring restraints.</b>	34	28.3	55.4	41.3
<b>Confused or disoriented residents.</b>	18	15.0	67.0	58.4
<b>Residents with bed sores.</b>	16	13.3	9.0	7.1
<b>Residents receiving special skin care.</b>	22	18.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JOHNSTON CO MEMORIAL NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
902 BERKSHIRE RD		SMITHFIELD NC 27577	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	08/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
118	0	105	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	86.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	112	94.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	108	91.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	90.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	93	78.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	77	65.3	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	116	98.3	65.6	50.8
<b>Residents requiring restraints.</b>	100	84.7	55.4	41.3
<b>Confused or disoriented residents.</b>	62	52.5	67.0	58.4
<b>Residents with bed sores.</b>	7	5.9	9.0	7.1
<b>Residents receiving special skin care.</b>	54	45.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF SNOW HILL

<b>Street Address:</b> 1304 SE 2ND ST BOX 157		<b>City and State:</b> SNOW HILL NC 28580	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 75	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/10/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 74	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 67	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	81.1	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	70.3	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	68.9	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	64.9	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	70.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.	2	2.7	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	10.8	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	47	63.5	50.7	39.1
<b>Residents requiring restraints.</b>	27	36.5	41.5	31.7
<b>Confused or disoriented residents.</b>	44	59.5	57.2	55.8
<b>Residents with bed sores.</b>	4	5.4	3.9	4.7
<b>Residents receiving special skin care.</b>	28	37.8	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EPISCOPAL HOME FOR THE AGING

<b>Street Address:</b>		<b>City and State:</b>	
E RHODE ISLAND AVE EXT BOX 2001		SOUTHERN PINES NC 28387	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT RELIGIOUS	03/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
29	0	4	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	89.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	27	93.1	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	75.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	79.3	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	86.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	48.3	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	19	65.5	65.6	50.8
<b>Residents requiring restraints.</b>	20	69.0	55.4	41.3
<b>Confused or disoriented residents.</b>	21	72.4	67.0	58.4
<b>Residents with bed sores.</b>	0	0.0	9.0	7.1
<b>Residents receiving special skin care.</b>	13	44.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE ST JOSEPH OF THE PINES SNF

<b>Street Address:</b>		<b>City and State:</b>	
590 CENTRAL DR		SOUTHERN PINES NC 28387	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	86	NON-PROFIT RELIGIOUS	12/09/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
86	1	51	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	98.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	82	95.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	95.3	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	78	90.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	52.3	49.6	37.7
<b>Completely bedfast residents.</b>	12	14.0	4.5	3.4
<b>Residents confined to chairs.</b>	58	67.4	65.6	50.8
<b>Residents requiring restraints.</b>	34	39.5	55.4	41.3
<b>Confused or disoriented residents.</b>	76	88.4	67.0	58.4
<b>Residents with bed sores.</b>	7	8.1	9.0	7.1
<b>Residents receiving special skin care.</b>	14	16.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman..

## NURSING HOME PROFILE OCEAN TRAIL CONVALESCENT CENTER

<b>Street Address:</b> 430 FODALE AVENUE		<b>City and State:</b> SOUTHPORT NC 28461	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 64	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/13/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
62	0	54			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		62	100	82.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		52	83.9	84.4	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		49	79.0	72.0	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		49	79.0	77.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		42	67.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.		2	3.2	4.2	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		22	35.5	33.4	29.3
<b>Completely bedfast residents.</b>		6	9.7	2.5	3.6
<b>Residents confined to chairs.</b>		39	62.9	50.7	39.1
<b>Residents requiring restraints.</b>		33	53.2	41.5	31.7
<b>Confused or disoriented residents.</b>		32	51.6	57.2	55.8
<b>Residents with bed sores.</b>		6	9.7	3.9	4.7
<b>Residents receiving special skin care.</b>		9	14.5	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEADOWBROOK MANOR OF SPARTA

<b>Street Address:</b>		<b>City and State:</b>	
301 COMBS ST		SPARTA NC 28675	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	07/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
60	0	44

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	59	98.3	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	58	96.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	90.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	80.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	28.3	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.7	4.5	3.4
<b>Residents confined to chairs.</b>	26	43.3	65.6	50.8
<b>Residents requiring restraints.</b>	23	38.3	55.4	41.3
<b>Confused or disoriented residents.</b>	40	66.7	67.0	58.4
<b>Residents with bed sores.</b>	5	8.3	9.0	7.1
<b>Residents receiving special skin care.</b>	10	16.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRIAN CENTER OF HEALTH & RETIREMENT

<b>Street Address:</b>		<b>City and State:</b>	
218 LAUREL CREEK COURT		SPRUCE PINE NC 28777	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	77	PROPRIETARY	12/18/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
10		0		0			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				10	100	87.0	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				10	100	91.4	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				10	100	85.2	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				9	90.0	85.5	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				10	100	78.5	68.2
Residents on individually written bowel and bladder retraining program.				1	10.0	3.4	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				5	50.0	49.6	37.7
<b>Completely bedfast residents.</b>				2	20.0	4.5	3.4
<b>Residents confined to chairs.</b>				1	10.0	65.6	50.8
<b>Residents requiring restraints.</b>				6	60.0	55.4	41.3
<b>Confused or disoriented residents.</b>				6	60.0	67.0	58.4
<b>Residents with bed sores.</b>				5	50.0	9.0	7.1
<b>Residents receiving special skin care.</b>				0	0.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE STANLEY TOTAL LIVING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
514 OLD MOUNT HOLLY ROAD		STANLEY NC 28164	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	36	NON-PROFIT PRIVATE	10/27/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
35	7	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	31	88.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	27	77.1	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	77.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	71.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	20	57.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	40.0	49.6	37.7
Completely bedfast residents.	0	0.0	4.5	3.4
Residents confined to chairs.	17	48.6	65.6	50.8
Residents requiring restraints.	4	11.4	55.4	41.3
Confused or disoriented residents.	18	51.4	67.0	58.4
Residents with bed sores.	7	20.0	9.0	7.1
Residents receiving special skin care.	10	28.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRIAN CENTER OF NURSING CARE

<b>Street Address:</b> 520 VALLEY ST		<b>City and State:</b> STATESVILLE NC 28677	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 120	<b>Medicare Residents:</b> 12	<b>Medicaid Residents:</b> 89
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	102	85.0	87.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	107	89.2	91.4	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	98	81.7	85.2	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	83.3	85.5	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	97	80.8	78.5	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	63	52.5	49.6	37.7
<b>Completely bedfast residents.</b>	2	1.7	4.5	3.4
<b>Residents confined to chairs.</b>	115	95.8	65.6	50.8
<b>Residents requiring restraints.</b>	39	32.5	55.4	41.3
<b>Confused or disoriented residents.</b>	31	25.8	67.0	58.4
<b>Residents with bed sores.</b>	5	4.2	9.0	7.1
<b>Residents receiving special skin care.</b>	120	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These '32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE COUNTRYSIDE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
7700 HIGHWAY 158		STOKESDALE NC 27357	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	09/22/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
60	0	34

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	93.3	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	65.0	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	45.0	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	50.0	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	28	46.7	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	55.0	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	19	31.7	50.7	39.1
<b>Residents requiring restraints.</b>	9	15.0	41.5	31.7
<b>Confused or disoriented residents.</b>	32	53.3	57.2	55.8
<b>Residents with bed sores.</b>	0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>	2	3.3	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SKYLAND CARE CENTER INC

<b>Street Address:</b> 21 SKYLAND DRIVE		<b>City and State:</b> SYLVA NC 28779	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 94	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 89	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 73	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	85.4	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	79.8	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	66.3	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	68.5	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	40.4	64.6	59.1
Residents on individually written bowel and bladder retraining program.	7	7.9	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	24.7	33.4	29.3
<b>Completely bedfast residents.</b>	2	2.2	2.5	3.6
<b>Residents confined to chairs.</b>	28	31.5	50.7	39.1
<b>Residents requiring restraints.</b>	39	43.8	41.5	31.7
<b>Confused or disoriented residents.</b>	54	60.7	57.2	55.8
<b>Residents with bed sores.</b>	5	5.6	3.9	4.7
<b>Residents receiving special skin care.</b>	32	36.0	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BEVERLY HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1000 WESTERN BLVD BOX 7008		TARBORO NC 27886	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	159	PROPRIETARY	01/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
159	1	133	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	126	79.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	142	89.3	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	134	84.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	84.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	108	67.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	22	13.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	71	44.7	49.6	37.7
<b>Completely bedfast residents.</b>	2	1.3	4.5	3.4
<b>Residents confined to chairs.</b>	128	80.5	65.6	50.8
<b>Residents requiring restraints.</b>	87	54.7	55.4	41.3
<b>Confused or disoriented residents.</b>	103	64.8	67.0	58.4
<b>Residents with bed sores.</b>	26	16.4	9.0	7.1
<b>Residents receiving special skin care.</b>	50	31.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THE ALBEMARLE

<b>Street Address:</b> 200 TRADE ST		<b>City and State:</b> TARBORO NC 27886	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 30	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 07/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 22	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	15	68.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	22	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	17	77.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	81.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	14	63.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	12	54.5	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	54.5	49.6	37.7
<b>Completely bedfast residents.</b>	2	9.1	4.5	3.4
<b>Residents confined to chairs.</b>	13	59.1	65.6	50.8
<b>Residents requiring restraints.</b>	3	13.6	55.4	41.3
<b>Confused or disoriented residents.</b>	13	59.1	67.0	58.4
<b>Residents with bed sores.</b>	2	9.1	9.0	7.1
<b>Residents receiving special skin care.</b>	1	4.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WESTGATE NURSING CENTER OF TARBORO

<b>Street Address:</b>  911 WESTERN BLVD		<b>City and State:</b>  TARBORO NC 27886	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  58	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  12/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  57	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  57
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	84.2	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	93.0	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	77.2	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	57.9	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	43.9	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	19.3	33.4	29.3
<b>Completely bedfast residents.</b>	2	3.5	2.5	3.6
<b>Residents confined to chairs.</b>	17	29.8	50.7	39.1
<b>Residents requiring restraints.</b>	24	42.1	41.5	31.7
<b>Confused or disoriented residents.</b>	29	50.9	57.2	55.8
<b>Residents with bed sores.</b>	0	0.0	3.9	4.7
<b>Residents receiving special skin care.</b>	1	1.8	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EMERALD HLTH&PROG ALZHEIMERS ENHAN CTR

<b>Street Address:</b> HIGHWAY 16 SOUTH BOX 218		<b>City and State:</b> TAYLORSVILLE NC 28681	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 123	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 119	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 101
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	85.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	78.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	78.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	60.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	61	51.3	49.6	37.7
<b>Completely bedfast residents.</b>	2	1.7	4.5	3.4
<b>Residents confined to chairs.</b>	34	28.6	65.6	50.8
<b>Residents requiring restraints.</b>	70	58.8	55.4	41.3
<b>Confused or disoriented residents.</b>	78	65.5	67.0	58.4
<b>Residents with bed sores.</b>	11	9.2	9.0	7.1
<b>Residents receiving special skin care.</b>	54	45.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF DAVIDSON

<b>Street Address:</b>		<b>City and State:</b>	
706 PINEYWOOD RD		THOMASVILLE NC 27360	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	112	PROPRIETARY	06/11/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
111	1	88

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	91.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	90.1	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	82.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	76.6	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	91	82.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	50	45.0	49.6	37.7
<b>Completely bedfast residents.</b>	4	3.6	4.5	3.4
<b>Residents confined to chairs.</b>	50	45.0	65.6	50.8
<b>Residents requiring restraints.</b>	54	48.6	55.4	41.3
<b>Confused or disoriented residents.</b>	49	44.1	67.0	58.4
<b>Residents with bed sores.</b>	5	4.5	9.0	7.1
<b>Residents receiving special skin care.</b>	71	64.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE LIBERTY HOUSE NH

<b>Street Address:</b>		<b>City and State:</b>	
1028 BLAIR ST		THOMASVILLE NC 27360	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/17/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
117	0	88		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	64	54.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	72.6	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	70.9	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	59.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	63.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	25.6	49.6	37.7
<b>Completely bedfast residents.</b>	1	0.9	4.5	3.4
<b>Residents confined to chairs.</b>	33	28.2	65.6	50.8
<b>Residents requiring restraints.</b>	33	28.2	55.4	41.3
<b>Confused or disoriented residents.</b>	70	59.8	67.0	58.4
<b>Residents with bed sores.</b>	10	8.5	9.0	7.1
<b>Residents receiving special skin care.</b>	10	8.5	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MONTGOMERY MEMORIAL HOSPITAL

<b>Street Address:</b>		<b>City and State:</b>	
520 ALLEN ST		TROY NC 27371	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	21	NON-PROFIT PRIVATE	06/04/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
20	0	11	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	17	85.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	20	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	19	95.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	95.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	19	95.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	1	5.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	35.0	49.6	37.7
<b>Completely bedfast residents.</b>	1	5.0	4.5	3.4
<b>Residents confined to chairs.</b>	14	70.0	65.6	50.8
<b>Residents requiring restraints.</b>	5	25.0	55.4	41.3
<b>Confused or disoriented residents.</b>	3	15.0	67.0	58.4
<b>Residents with bed sores.</b>	1	5.0	9.0	7.1
<b>Residents receiving special skin care.</b>	11	55.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WHITE OAK TERRACE NH

<b>Street Address:</b>		<b>City and State:</b>	
200 OAK ST BOX 1535		TRYON NC 28782	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	60	PROPRIETARY	12/02/87

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
57	0	35			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		52	91.2	87.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		57	100	91.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		50	87.7	85.2	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		52	91.2	85.5	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		42	73.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.		3	5.3	3.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	33.3	49.6	37.7
Completely bedfast residents.		1	1.8	4.5	3.4
Residents confined to chairs.		28	49.1	65.6	50.8
Residents requiring restraints.		45	78.9	55.4	41.3
Confused or disoriented residents.		50	87.7	67.0	58.4
Residents with bed sores.		8	14.0	9.0	7.1
Residents receiving special skin care.		30	52.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE ANSON CO HOSPITAL SNF

<b>Street Address:</b>		<b>City and State:</b>	
500 MORVEN RD		WADESBORO NC 28170	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	45	LOCAL GOVERNMENT	12/01/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
45	0	35

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	97.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	97.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	95.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	95.6	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	95.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	62.2	49.6	37.7
<b>Completely bedfast residents.</b>	10	22.2	4.5	3.4
<b>Residents confined to chairs.</b>	33	73.3	65.6	50.8
<b>Residents requiring restraints.</b>	21	46.7	55.4	41.3
<b>Confused or disoriented residents.</b>	42	93.3	67.0	58.4
<b>Residents with bed sores.</b>	7	15.6	9.0	7.1
<b>Residents receiving special skin care.</b>	20	44.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WADESBORO NH

<b>Street Address:</b>		<b>City and State:</b>	
2000 COUNTRY CLUB RD		WADESBORO NC 28170	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	66	PROPRIETARY	08/05/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
65	0	53			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		53	81.5	82.4	78.3
Dressing					
Residents requiring some or total assistance in dressing.		55	84.6	84.4	76.7
Toileting					
Residents requiring some or total assistance in toileting.		50	76.9	72.0	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	76.9	77.7	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		60	92.3	64.6	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	4.2	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		31	47.7	33.4	29.3
Completely bedfast residents.		3	4.6	2.5	3.6
Residents confined to chairs.		39	60.0	50.7	39.1
Residents requiring restraints.		18	27.7	41.5	31.7
Confused or disoriented residents.		46	70.8	57.2	55.8
Residents with bed sores.		2	3.1	3.9	4.7
Residents receiving special skin care.		6	9.2	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## GUARDIAN CARE OF WALNUT COVE SNF

<b>Street Address:</b>		<b>City and State:</b>	
508 WINDMILL ST		WALNUT COVE NC 27052	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	11/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
61	1	41

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	95.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	93.4	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	90.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	91.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	83.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	57.4	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.6	4.5	3.4
<b>Residents confined to chairs.</b>	53	86.9	65.6	50.8
<b>Residents requiring restraints.</b>	42	68.9	55.4	41.3
<b>Confused or disoriented residents.</b>	50	82.0	67.0	58.4
<b>Residents with bed sores.</b>	3	4.9	9.0	7.1
<b>Residents receiving special skin care.</b>	57	93.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WARREN HILLS

<b>Street Address:</b>		<b>City and State:</b>	
WEST RIDGEWAY ST EXTENSION		WARRENTON NC 27589	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	11/19/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
100	0	91	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	93	93.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	95	95.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	88.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	89.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	91	91.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	30.0	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	50	50.0	65.6	50.8
<b>Residents requiring restraints.</b>	47	47.0	55.4	41.3
<b>Confused or disoriented residents.</b>	75	75.0	67.0	58.4
<b>Residents with bed sores.</b>	14	14.0	9.0	7.1
<b>Residents receiving special skin care.</b>	18	18.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MEADOWBROOK MANOR OF DUPLIN

<b>Street Address:</b> ROUTE 2 BOX 56		<b>City and State:</b> WARSAW NC 28398	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/04/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 50	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 41
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	92.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	92.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	80.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	80.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	80.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	34.0	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	40	80.0	65.6	50.8
<b>Residents requiring restraints.</b>	25	50.0	55.4	41.3
<b>Confused or disoriented residents.</b>	31	62.0	67.0	58.4
<b>Residents with bed sores.</b>	4	8.0	9.0	7.1
<b>Residents receiving special skin care.</b>	22	44.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF WASHINGTON

<b>Street Address:</b>		<b>City and State:</b>	
120 WASHINGTON ST		WASHINGTON NC 27889	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	60	PROPRIETARY	05/12/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
58	0	50	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	93.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	96.6	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	84.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	70.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	5.2	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	53.4	49.6	37.7
<b>Completely bedfast residents.</b>	4	6.9	4.5	3.4
<b>Residents confined to chairs.</b>	34	58.6	65.6	50.8
<b>Residents requiring restraints.</b>	19	32.8	55.4	41.3
<b>Confused or disoriented residents.</b>	36	62.1	67.0	58.4
<b>Residents with bed sores.</b>	3	5.2	9.0	7.1
<b>Residents receiving special skin care.</b>	17	29.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE RIDGEWOOD MANOR INC**

<b>Street Address:</b>		<b>City and State:</b>	
1604 HIGHLAND DRIVE		WASHINGTON NC 27889	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/22/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
118	0	116

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	85.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	84.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	78.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	83.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	92	78.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	66	55.9	49.6	37.7
<b>Completely bedfast residents.</b>	10	8.5	4.5	3.4
<b>Residents confined to chairs.</b>	61	51.7	65.6	50.8
<b>Residents requiring restraints.</b>	59	50.0	55.4	41.3
<b>Confused or disoriented residents.</b>	88	74.6	67.0	58.4
<b>Residents with bed sores.</b>	6	5.1	9.0	7.1
<b>Residents receiving special skin care.</b>	98	83.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AUTUMN CARE OF WAYNESVILLE

<b>Street Address:</b>		<b>City and State:</b>	
TIMBERLANE RD BOX 783		WAYNESVILLE NC 28786	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	56	PROPRIETARY	04/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
56	0	53	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	94.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	98.2	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	96.4	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	82.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	53.6	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.8	4.5	3.4
<b>Residents confined to chairs.</b>	35	62.5	65.6	50.8
<b>Residents requiring restraints.</b>	55	98.2	55.4	41.3
<b>Confused or disoriented residents.</b>	35	62.5	67.0	58.4
<b>Residents with bed sores.</b>	8	14.3	9.0	7.1
<b>Residents receiving special skin care.</b>	56	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CENTURY CARE CENTER INC

<b>Street Address:</b>		<b>City and State:</b>	
316 W BURKHEAD ST		WHITEVILLE NC 28472	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	106	PROPRIETARY	05/11/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
104	0	93	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	84.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	104	100	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	90	86.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	79.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	59	56.7	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	33.7	49.6	37.7
<b>Completely bedfast residents.</b>	1	1.0	4.5	3.4
<b>Residents confined to chairs.</b>	51	49.0	65.6	50.8
<b>Residents requiring restraints.</b>	58	55.8	55.4	41.3
<b>Confused or disoriented residents.</b>	70	67.3	67.0	58.4
<b>Residents with bed sores.</b>	4	3.8	9.0	7.1
<b>Residents receiving special skin care.</b>	32	30.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OF WILKESBORO

<b>Street Address:</b> 1016 FLETCHER ST		<b>City and State:</b> WILKESBORO NC 28697	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 156	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 125	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 108	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	125	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	123	98.4	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	114	91.2	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	91.2	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	93	74.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	63	50.4	49.6	37.7
<b>Completely bedfast residents.</b>	3	2.4	4.5	3.4
<b>Residents confined to chairs.</b>	82	65.6	65.6	50.8
<b>Residents requiring restraints.</b>	97	77.6	55.4	41.3
<b>Confused or disoriented residents.</b>	87	69.6	67.0	58.4
<b>Residents with bed sores.</b>	8	6.4	9.0	7.1
<b>Residents receiving special skin care.</b>	72	57.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE VESPERS NH

<b>Street Address:</b>		<b>City and State:</b>	
1000 COLLEGE ST		WILKESBORO NC 28697	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
118	0	104		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	86.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	107	90.7	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	100	84.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	81.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	99	83.9	78.5	68.2
Residents on individually written bowel and bladder retraining program.	7	5.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	46.6	49.6	37.7
<b>Completely bedfast residents.</b>	1	0.8	4.5	3.4
<b>Residents confined to chairs.</b>	85	72.0	65.6	50.8
<b>Residents requiring restraints.</b>	65	55.1	55.4	41.3
<b>Confused or disoriented residents.</b>	86	72.9	67.0	58.4
<b>Residents with bed sores.</b>	14	11.9	9.0	7.1
<b>Residents receiving special skin care.</b>	51	43.2	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ALBEMARLE VILLA

<b>Street Address:</b>		<b>City and State:</b>	
119 GATLIN ST		WILLIAMSTON NC 27892	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	124	PROPRIETARY	03/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
121	1	118		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	100	82.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	105	86.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	109	90.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	86.8	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	107	88.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	86	71.1	49.6	37.7
<b>Completely bedfast residents.</b>	7	5.8	4.5	3.4
<b>Residents confined to chairs.</b>	20	16.5	65.6	50.8
<b>Residents requiring restraints.</b>	45	37.2	55.4	41.3
<b>Confused or disoriented residents.</b>	99	81.8	67.0	58.4
<b>Residents with bed sores.</b>	5	4.1	9.0	7.1
<b>Residents receiving special skin care.</b>	1	0.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BOWDEN NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
221 SUMMER REST RD		WILMINGTON NC 28403	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	PROPRIETARY	03/29/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
77	0	75	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	81.8	82.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	63	81.8	84.4	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	76.6	72.0	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	66.2	77.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	74.0	64.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.2	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	27.3	33.4	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.5	3.6
<b>Residents confined to chairs.</b>	56	72.7	50.7	39.1
<b>Residents requiring restraints.</b>	27	35.1	41.5	31.7
<b>Confused or disoriented residents.</b>	33	42.9	57.2	55.8
<b>Residents with bed sores.</b>	2	2.6	3.9	4.7
<b>Residents receiving special skin care.</b>	4	5.2	27.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	4.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	6.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	2.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	4.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	12	25.5	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	10.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	4	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	1	2.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	5	10.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	7	14.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	15	31.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	19.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	4.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	3	6.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	14.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	11	23.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OF WILMINGTON

<b>Street Address:</b> 5429 OLEANDER DR		<b>City and State:</b> WILMINGTON NC 28406	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 48	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 48	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	95.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	97.9	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	95.8	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	97.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	85.4	78.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	58.3	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	41	85.4	65.6	50.8
<b>Residents requiring restraints.</b>	41	85.4	55.4	41.3
<b>Confused or disoriented residents.</b>	36	75.0	67.0	58.4
<b>Residents with bed sores.</b>	9	18.8	9.0	7.1
<b>Residents receiving special skin care.</b>	1	2.1	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## CORNELIA NIXON DAVIS HEALTH CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
1011 PORTERS NECK RD		WILMINGTON NC 28405	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	199	NON-PROFIT PRIVATE	02/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
191	0	68

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	176	92.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	170	89.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	163	85.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	164	85.9	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	152	79.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	1.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	98	51.3	49.6	37.7
<b>Completely bedfast residents.</b>	7	3.7	4.5	3.4
<b>Residents confined to chairs.</b>	133	69.6	65.6	50.8
<b>Residents requiring restraints.</b>	98	51.3	55.4	41.3
<b>Confused or disoriented residents.</b>	141	73.8	67.0	58.4
<b>Residents with bed sores.</b>	23	12.0	9.0	7.1
<b>Residents receiving special skin care.</b>	112	58.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLHAVEN REHAB & CONVALESCENT CTR

<b>Street Address:</b> 2006 S 16TH ST		<b>City and State:</b> WILMINGTON NC 28401	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 98		<b>Medicare Residents:</b> 8		<b>Medicaid Residents:</b> 61	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		80	81.6	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		93	94.9	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		90	91.8	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		98	100	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		61	62.2	78.5	68.2
Residents on individually written bowel and bladder retraining program.		1	1.0	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		49	50.0	49.6	37.7
<b>Completely bedfast residents.</b>		2	2.0	4.5	3.4
<b>Residents confined to chairs.</b>		89	90.8	65.6	50.8
<b>Residents requiring restraints.</b>		78	79.6	55.4	41.3
<b>Confused or disoriented residents.</b>		78	79.6	67.0	58.4
<b>Residents with bed sores.</b>		3	3.1	9.0	7.1
<b>Residents receiving special skin care.</b>		79	80.6	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE PINNACLE CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
820 WELLINGTON AVE		WILMINGTON NC 28401	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/19/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
116	0	96		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		91	78.4	87.0
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		107	92.2	91.4
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		104	89.7	85.2
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		102	87.9	85.5
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		100	86.2	78.5
Residents on individually written bowel and bladder retraining program.		8	6.9	3.4
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		31	26.7	49.6
<b>Completely bedfast residents.</b>		0	0.0	4.5
<b>Residents confined to chairs.</b>		90	77.6	65.6
<b>Residents requiring restraints.</b>		62	53.4	55.4
<b>Confused or disoriented residents.</b>		66	56.9	67.0
<b>Residents with bed sores.</b>		11	9.5	9.0
<b>Residents receiving special skin care.</b>		40	34.5	40.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORTH CAROLINA SPECIAL CARE CENTER

<b>Street Address:</b>  WARD BLVD		<b>City and State:</b>  WILSON NC 27893	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  208	<b>Type of Ownership:</b>  STATE GOVERNMENT	<b>Survey Date:</b>  10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  200	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  168
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	195	97.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	195	97.5	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	186	93.0	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	180	90.0	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	183	91.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	136	68.0	49.6	37.7
<b>Completely bedfast residents.</b>	1	0.5	4.5	3.4
<b>Residents confined to chairs.</b>	163	81.5	65.6	50.8
<b>Residents requiring restraints.</b>	169	84.5	55.4	41.3
<b>Confused or disoriented residents.</b>	199	99.5	67.0	58.4
<b>Residents with bed sores.</b>	7	3.5	9.0	7.1
<b>Residents receiving special skin care.</b>	200	100	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WESTWOOD MANOR NH

<b>Street Address:</b>		<b>City and State:</b>	
1804 FOREST HILLS RD WEST		WILSON NC 27893	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	110	PROPRIETARY	03/17/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
110		1		87	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		109	99.1	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		101	91.8	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		96	87.3	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		98	89.1	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		93	84.5	78.5	68.2
Residents on individually written bowel and bladder retraining program.		8	7.3	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		46	41.8	49.6	37.7
<b>Completely bedfast residents.</b>		5	4.5	4.5	3.4
<b>Residents confined to chairs.</b>		79	71.8	65.6	50.8
<b>Residents requiring restraints.</b>		71	64.5	55.4	41.3
<b>Confused or disoriented residents.</b>		57	51.8	67.0	58.4
<b>Residents with bed sores.</b>		6	5.5	9.0	7.1
<b>Residents receiving special skin care.</b>		55	50.0	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BAPTIST RETIREMENT HOMES OF NC INC

<b>Street Address:</b>		<b>City and State:</b>	
2900 REYNOLDS PARK RD		WINSTON-SALEM NC 27107	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	85	NON-PROFIT RELIGIOUS	02/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
84	0	50

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	65	77.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	89.3	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	85.7	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	84.5	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	78.6	78.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	61.9	49.6	37.7
Completely bedfast residents.	0	0.0	4.5	3.4
Residents confined to chairs.	67	79.8	65.6	50.8
Residents requiring restraints.	44	52.4	55.4	41.3
Confused or disoriented residents.	68	81.0	67.0	58.4
Residents with bed sores.	3	3.6	9.0	7.1
Residents receiving special skin care.	28	33.3	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE KNOLLWOOD HALL

<b>Street Address:</b>		<b>City and State:</b>	
5775 SHATTALON DR BOX 11907		WINSTON-SALEM NC 27116	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	200	NON-PROFIT PRIVATE	09/03/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
193	0	178	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	174	90.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	156	80.8	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	138	71.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	75.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	141	73.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	6	3.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	66	34.2	49.6	37.7
<b>Completely bedfast residents.</b>	6	3.1	4.5	3.4
<b>Residents confined to chairs.</b>	137	71.0	65.6	50.8
<b>Residents requiring restraints.</b>	98	50.8	55.4	41.3
<b>Confused or disoriented residents.</b>	123	63.7	67.0	58.4
<b>Residents with bed sores.</b>	10	5.2	9.0	7.1
<b>Residents receiving special skin care.</b>	69	35.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE PELLCARE CORPORATION

<b>Street Address:</b>		<b>City and State:</b>	
RT 3 BOX 315		WINSTON-SALEM NC 27105	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	218	PROPRIETARY	07/16/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
216	0	197

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	182	84.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	186	86.1	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	163	75.5	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	191	88.4	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	149	69.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	3	1.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	88	40.7	49.6	37.7
<b>Completely bedfast residents.</b>	11	5.1	4.5	3.4
<b>Residents confined to chairs.</b>	141	65.3	65.6	50.8
<b>Residents requiring restraints.</b>	82	38.0	55.4	41.3
<b>Confused or disoriented residents.</b>	109	50.5	67.0	58.4
<b>Residents with bed sores.</b>	12	5.6	9.0	7.1
<b>Residents receiving special skin care.</b>	42	19.4	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SILAS CREEK MANOR

<b>Street Address:</b>		<b>City and State:</b>	
3350 SILAS CREEK PARKWAY		WINSTON-SALEM NC 27103	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	02/24/88

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
96	3	74			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		82	85.4	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		85	88.5	91.4	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		81	84.4	85.2	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		83	86.5	85.5	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		78	81.3	78.5	68.2
Residents on individually written bowel and bladder retraining program.		4	4.2	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		44	45.8	49.6	37.7
<b>Completely bedfast residents.</b>		5	5.2	4.5	3.4
<b>Residents confined to chairs.</b>		65	67.7	65.6	50.8
<b>Residents requiring restraints.</b>		63	65.6	55.4	41.3
<b>Confused or disoriented residents.</b>		79	82.3	67.0	58.4
<b>Residents with bed sores.</b>		12	12.5	9.0	7.1
<b>Residents receiving special skin care.</b>		40	41.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE TRIAD REHAB CTR INC**

<b>Street Address:</b>		<b>City and State:</b>	
5581 UNIVERSITY PKWY		WINSTON-SALEM NC 27105	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	40	PROPRIETARY	12/09/87

## **SELECTED RESIDENT CHARACTERISTICS**

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
40	0	36			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.	39	97.5	87.0	81.5	
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.	40	100	91.4	83.2	
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.	40	100	85.2	73.8	
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	97.5	85.5	77.2	
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.	38	95.0	78.5	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6	
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.	25	62.5	49.6	37.7	
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4	
<b>Residents confined to chairs.</b>	36	90.0	65.6	50.8	
<b>Residents requiring restraints.</b>	40	100	55.4	41.3	
<b>Confused or disoriented residents.</b>	37	92.5	67.0	58.4	
<b>Residents with bed sores.</b>	4	10.0	9.0	7.1	
<b>Residents receiving special skin care.</b>	13	32.5	40.2	31.2	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WINSTON SALEM CONVALESCENT CENTER

<b>Street Address:</b> 1900 W 1ST ST		<b>City and State:</b> WINSTON-SALEM NC 27104	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 230	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 224	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 166		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		165	73.7	87.0
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		218	97.3	91.4
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		206	92.0	85.2
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		206	92.0	85.5
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		208	92.9	78.5
Residents on individually written bowel and bladder retraining program.		18	8.0	3.4
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		167	74.6	49.6
<b>Completely bedfast residents.</b>		18	8.0	4.5
<b>Residents confined to chairs.</b>		160	71.4	65.6
<b>Residents requiring restraints.</b>		154	68.8	55.4
<b>Confused or disoriented residents.</b>		172	76.8	67.0
<b>Residents with bed sores.</b>		11	4.9	9.0
<b>Residents receiving special skin care.</b>		28	12.5	40.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE YADKIN NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
903 W MAIN ST		YADKINVILLE NC 27055	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	147	PROPRIETARY	09/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
131	0	73		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	112	85.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	125	95.4	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	122	93.1	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	93.1	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	122	93.1	78.5	68.2
Residents on individually written bowel and bladder retraining program.	6	4.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	72	55.0	49.6	37.7
<b>Completely bedfast residents.</b>	12	9.2	4.5	3.4
<b>Residents confined to chairs.</b>	100	76.3	65.6	50.8
<b>Residents requiring restraints.</b>	120	91.6	55.4	41.3
<b>Confused or disoriented residents.</b>	130	99.2	67.0	58.4
<b>Residents with bed sores.</b>	4	3.1	9.0	7.1
<b>Residents receiving special skin care.</b>	5	3.8	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRIAN CENTER HEALTH & RETIREMENT

<b>Street Address:</b>		<b>City and State:</b>	
MAIN ST N DRAWER M		YANCEYVILLE NC 27379	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	77	PROPRIETARY	09/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
51	0	29	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

#### Bathing

Residents requiring some or total assistance in bathing.

44 86.3 87.0 81.5

#### Dressing

Residents requiring some or total assistance in dressing.

40 78.4 91.4 83.2

#### Toileting

Residents requiring some or total assistance in toileting.

40 78.4 85.2 73.8

#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

35 68.6 85.5 77.2

#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

35 68.6 78.5 68.2

Residents on individually written bowel and bladder retraining program.

2 3.9 3.4 4.6

#### Eating

Residents receiving tube feedings or requiring assistance with eating.

13 25.5 49.6 37.7

#### Completely bedfast residents.

4 7.8 4.5 3.4

#### Residents confined to chairs.

23 45.1 65.6 50.8

#### Residents requiring restraints.

10 19.6 55.4 41.3

#### Confused or disoriented residents.

24 47.1 67.0 58.4

#### Residents with bed sores.

5 9.8 9.0 7.1

#### Residents receiving special skin care.

4 7.8 40.2 31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE GUARDIAN CARE OF ZEBULON INC

<b>Street Address:</b>		<b>City and State:</b>	
509 W GANNON AVE		ZEBULON NC 27597	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	60	PROPRIETARY	07/02/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
60	0	41	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	90.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	95.0	91.4	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	93.3	85.2	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	91.7	85.5	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	90.0	78.5	68.2
Residents on individually written bowel and bladder retraining program.	4	6.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	50.0	49.6	37.7
<b>Completely bedfast residents.</b>	0	0.0	4.5	3.4
<b>Residents confined to chairs.</b>	41	68.3	65.6	50.8
<b>Residents requiring restraints.</b>	51	85.0	55.4	41.3
<b>Confused or disoriented residents.</b>	49	81.7	67.0	58.4
<b>Residents with bed sores.</b>	4	6.7	9.0	7.1
<b>Residents receiving special skin care.</b>	1	1.7	40.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	2.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	6.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	3.4	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	9	4.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	52	25.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	22.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	10.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	4.9	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	17	8.3	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	33	16.1	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	42	20.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	54	26.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	6.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	17	8.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	2.9	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	8	3.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	12	5.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	7	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	23	11.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	40	19.5	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



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HIGHSMITH 45-220

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HD 7102 .U5N76 1987/88  
North Carolina

Medicare/Medicaid nursing home information.

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